

## Fidalgo Pool & Fitness Center District Application for Employment

## PLEASE PRINT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

| Position(s) applied for                       |                                     |                               | Date of application             | 1 1          |        |
|-----------------------------------------------|-------------------------------------|-------------------------------|---------------------------------|--------------|--------|
| NameLAST                                      | FIRST                               |                               |                                 |              |        |
|                                               | FIRST                               | MIDDLE                        |                                 |              |        |
| AddressSTRE                                   | ET                                  | CITY                          | STATE                           | ZIP CODE     |        |
| Telephone #: ()                               | Mobile/Other Phone #: (             | E-mail                        | Address                         |              |        |
| If you are under 18, and it is required, ca   | un you furnish an Authorization F   | Form?                         |                                 | □ Yes        | □ No   |
| If no, please explain                         |                                     |                               |                                 |              | 110    |
| Have you ever been employed here befo         | re? If yes, give dates and position | ıs                            |                                 | □ Yes        | □ No   |
| On your first day of work, will you be al     |                                     | you can legally work in th    | e US?                           | □ Yes        | □ No   |
| Date available for work                       |                                     |                               |                                 |              |        |
| Type of employment desired                    |                                     | □ Temporary                   | ☐ Seasonal                      | _            | _      |
| Are you able to meet the attendance requ      | -                                   |                               |                                 |              | □ No   |
| Are you willing to consent to a background    | and check, including a criminal re  | ecord check, and reference    | check?                          | □ Yes        | □ No   |
| Employment History                            |                                     |                               |                                 |              |        |
| Provide the following information of you      |                                     |                               | es, starting with the most rece | ent. (Resume | can be |
| used in lieu of filling out the following the | 1                                   | nation is included.)          | 1                               |              |        |
| FROM TO                                       | EMPLOYER                            |                               | TELEPHONE #                     | #            |        |
| STARTING JOB TITLE / FINAL JOB TITLE          | ADDRESS                             |                               |                                 |              |        |
| IMMEDIATE SUPERVISOR AND TITLE                | SUMMARIZE THE NATURE OF WORK        | K PERFORMED AND JOB RESPON    | SIBILITIES                      |              |        |
| MAY WE CONTACT FOR REFERENCE?                 |                                     |                               |                                 |              |        |
| ☐ YES ☐ NO ☐ LATER                            |                                     |                               |                                 |              |        |
| REASON FOR LEAVING                            |                                     |                               |                                 |              |        |
| FROM TO                                       | EMPLOYER                            |                               | TELEPHONE #                     | #            |        |
| STARTING JOB TITLE / FINAL JOB TITLE          | ADDRESS                             |                               | , ,                             |              |        |
| IMMEDIATE SUPERVISOR AND TITLE                | SUMMARIZE THE NATURE OF WORK        | K PERFORMED AND JOB RESPON    | SIBILITIES                      |              |        |
| MAY WE CONTACT FOR REFERENCE?                 |                                     |                               |                                 |              |        |
| ☐ YES ☐ NO ☐ LATER                            |                                     |                               |                                 |              |        |
| REASON FOR LEAVING                            |                                     |                               |                                 |              |        |
| FROM TO                                       | EMPLOYER                            |                               | TELEPHONE #                     | #            |        |
| STARTING JOB TITLE / FINAL JOB TITLE          | ADDRESS                             |                               | ( )                             |              |        |
| IMMEDIATE SUPERVISOR AND TITLE                | SUMMARIZE THE NATURE OF WORK        | C DEBEORMED AND TOP DESPON    | SIRII ITIES                     |              |        |
| IIVIIVILDIATE SUFERVISUR AND TITLE            | SUIVIIVIANIZE THE NATURE OF WORK    | T F LITFORIMED AND JOB RESPON | JIDILITIES                      |              |        |
| MAY WE CONTACT FOR REFERENCE?  YES NO LATER   |                                     |                               |                                 |              |        |
| REASON FOR LEAVING                            |                                     |                               |                                 |              |        |
| FROM TO                                       | EMPLOYER                            |                               | TELEPHONE #                     | #            |        |
|                                               |                                     |                               | ( )                             |              |        |
| STARTING JOB TITLE / FINAL JOB TITLE          | ADDRESS                             |                               |                                 |              |        |
| IMMEDIATE SUPERVISOR AND TITLE                | SUMMARIZE THE NATURE OF WORK        | K PERFORMED AND JOB RESPON    | SIBILITIES                      |              |        |
| MAY WE CONTACT FOR REFERENCE?                 |                                     |                               |                                 |              |        |
| ☐ YES ☐ NO ☐ LATER REASON FOR LEAVING         |                                     |                               |                                 |              |        |

| Skills and Qualifications                                                                                                                                                                                                                             |                                                                                                  |                                 |                                                       |                              |                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------|--------------------------------|--|
| Summarize any training, skills, licenses and/or certif position for which you are applying.                                                                                                                                                           | ficates that may qualify you as b                                                                | eing abl                        | e to perform job-relat                                | ed functions in th           | ne                             |  |
|                                                                                                                                                                                                                                                       |                                                                                                  |                                 |                                                       |                              |                                |  |
|                                                                                                                                                                                                                                                       |                                                                                                  |                                 |                                                       |                              |                                |  |
| Educational Background                                                                                                                                                                                                                                |                                                                                                  |                                 |                                                       |                              |                                |  |
| NAME AND LOCATION                                                                                                                                                                                                                                     | NUMBER OF YEARS<br>COMPLETED                                                                     |                                 | YOU GRADUATE? COUR                                    |                              | SE OF STUDY                    |  |
| HIGH SCHOOL                                                                                                                                                                                                                                           |                                                                                                  |                                 |                                                       |                              |                                |  |
| COLLEGE                                                                                                                                                                                                                                               |                                                                                                  |                                 |                                                       | MAJOR                        | DEGREE                         |  |
| OTHER                                                                                                                                                                                                                                                 |                                                                                                  |                                 |                                                       |                              |                                |  |
| Military                                                                                                                                                                                                                                              |                                                                                                  |                                 |                                                       |                              |                                |  |
| Are you a veteran?                                                                                                                                                                                                                                    |                                                                                                  |                                 |                                                       | □ Yes                        | □ No                           |  |
| Applicable duty/training:                                                                                                                                                                                                                             |                                                                                                  |                                 |                                                       |                              |                                |  |
| References                                                                                                                                                                                                                                            |                                                                                                  |                                 |                                                       |                              |                                |  |
| NAME                                                                                                                                                                                                                                                  |                                                                                                  |                                 | TELEF                                                 | PHONE                        | NUMBER OF<br>YEARS KNOWN       |  |
|                                                                                                                                                                                                                                                       |                                                                                                  |                                 | ( )                                                   |                              |                                |  |
|                                                                                                                                                                                                                                                       |                                                                                                  |                                 | ( )                                                   |                              |                                |  |
|                                                                                                                                                                                                                                                       |                                                                                                  |                                 | ( )                                                   |                              |                                |  |
| Applicant Statement                                                                                                                                                                                                                                   |                                                                                                  |                                 | ( )                                                   |                              |                                |  |
| I certify that the facts set forth in this Application that false statements, omissions, or misreprese dismissal. I authorize the Employer to make an ifrom any liability. I authorize any person, organ concerning my previous employment, education | ntations are grounds for ref<br>nvestigation of any of the fac-<br>tization or company listed on | usal to<br>ets set f<br>this ap | hire, and if I am orth in this application to furnish | employed, magion and release | y result in my<br>the Employer |  |
| I acknowledge and understand that the compantype of category employee) may resign at any employee at any time, with or without cause, with                                                                                                            | time, just as the employer                                                                       | may to                          | erminate the emplo                                    |                              |                                |  |
| I understand that the employer does not unlawful purpose of removing an applicant from consider                                                                                                                                                       |                                                                                                  |                                 |                                                       |                              |                                |  |
| I understand that this application remains curre employer and received an offer for employment,                                                                                                                                                       |                                                                                                  |                                 |                                                       |                              | neard from the                 |  |
| This application does not constitute an offer for                                                                                                                                                                                                     | or employment for any spec                                                                       | ified p                         | eriod or definite d                                   | uration. I unde              | erstand that no                |  |

supervisor or representative of the employer is authorized to state to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Director or Chairman of

the Board of Commissioners. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal laws require me to complete an I-9 Form in this regard.

| DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.                                          |      |   |   |   |
|---------------------------------------------------------------------------------------------------------|------|---|---|---|
| I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. |      |   |   |   |
| Signature of Applicant                                                                                  | Date | 1 | , |   |
| Signature of Applicant                                                                                  |      |   |   | - |