

NORTH CLACKAMAS PARKS & RECREATION
 Maintenance Division
 6199 S.E. LAKE RD, MILWAUKIE OR 97222
EMPLOYMENT APPLICATION



CONTACT INFORMATION

Name (Last, First, MI):		Phone:
Home Address:		
City:	State:	Zip:
Date of Application:	First day you can report to work:	

Do you have a **Current valid** Oregon Drivers License? Yes _____ NO _____

Please list below any work experience with lawn and garden equipment (Attach separate sheet if more space needed)

Do you expect to be engaged in any other employment? If yes, please explain: _____

WORK HISTORY

Please list most recent job/volunteer experience:

Dates of Employment:	Name of Employer:	Your Position:
From: _____	_____	_____
To: _____	Address of Employer:	Supervisor's Name:
_____	_____	_____

Briefly describe your duties and responsibilities: _____

Dates of Employment:	Name of Employer:	Your Position:
From: _____	_____	_____
To: _____	Address of Employer:	Supervisor's Name:
_____	_____	_____

Briefly describe your duties and responsibilities: _____

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EDUCATION

Grade School High School College/Graduate School

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 / 9 10 11 12 / 13 14 15 16 / 17 18 19 20 21 22

Are you currently attending school? _____ If so, what school? _____

High School Attended: _____
Name Location

To the best of your knowledge, are you able to perform the duties of the position for which you are applying, with or without reasonable accommodation? _____

Are there any hours or days you are not available for work? _____

CERTIFICATIONS

	Issuing Agency:	Issue Date:	Expiration Date:
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Drivers license			
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Pesticide Applicators			
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First Aid:			
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CDL			
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REFERENCES

Please list two references, excluding family members.

Name	Phone Number/Relationship
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Name	Phone Number/Relationship
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CERTIFICATION AND SIGNATURE

My signature affirms that I release from liability any employer, person, or employee supplying reference information regarding my previous employment and me. I also release Clackamas County from all liability, which may result from making any investigation of information provided in the application materials. I certify that all information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from employment consideration. I understand that I must prove that I am authorized to work in the United States if hired.

Signature (must be in ink)	Date
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An Equal Opportunity/Affirmative Action Employer

Email Address: Joecor@clackamas.us Phone: 503-794-8030 Fax: 503-798-807-8087