

**MADRAS AQUATIC CENTER RECREATION DISTRICT  
EMPLOYMENT APPLICATION**

Madras Aquatic Center Recreation District ("District"), an Oregon special district, is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, national origin, age, sex, marital or veteran status, disability, sexual orientation, and/or any other legally protected status. District is a drug-free workplace. Individuals who require an accommodation relating to the application process should request the accommodation in advance so that necessary arrangements can be made. Please contact District if there is any part of this application that you do not understand before signing.

Print or type the required information. Please answer every applicable question. Write "N/A" if a particular question or matter is not applicable to you. If additional space is needed, please attach a separate sheet. Because this application may be used for investigative purposes, DO NOT misstate or omit any material facts or information. Statements made herein are subject to verification to determine your qualification for employment. If you are employed by District, this application will become part of your personnel file.

**Candidates eligible for Veterans Preference must include a required Veterans Preference Form and appropriate certification to receive Veteran's Preference Points. Refer to the Veterans Preference Form as applicable.**

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**GENERAL INFORMATION**

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Address/PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Telephone No: \_\_\_\_\_

\_\_\_\_\_  
Home

\_\_\_\_\_  
Mobile

Email Address: \_\_\_\_\_

Are you at least 18 years of age: Yes \_\_\_ No \_\_\_

Are you (or will you be) legally eligible for employment in the US as of the date of employment? Yes \_\_\_ No \_\_\_

Date you can report to work: \_\_\_\_\_

Hours available for work: \_\_\_\_\_

Are you available to work full-time, part-time, or on a temporary basis: \_\_\_\_\_

Are you able to travel if required: Yes \_\_\_ No \_\_\_

Do you possess a valid Oregon driver's license: Yes \_\_\_ No \_\_\_ ODL No.: \_\_\_\_\_

*(A valid Oregon driver's license is required when stated on the job announcement or job description. If not required, write "N/A").*

Have you ever had your license suspended or revoked: Yes \_\_\_ No \_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran?

Yes\* \_\_\_ No \_\_\_

*\*Complete and attach form DD 214 or 215 to this application. If applicable, disabled veterans may also submit a copy of a disability preference letter.*

**EDUCATION AND TRAINING**

Did you graduate from high school or receive an equivalent diploma: Yes \_\_\_ No \_\_\_

Name of college or university you attended, if any:  
\_\_\_\_\_

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Certificates, degrees, etc. earned: \_\_\_\_\_

Name of college or university you attended, if any: \_\_\_\_\_

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Certificates, degrees, etc. earned: \_\_\_\_\_

Have you received any specialized schooling or training: Yes \_\_\_ No \_\_\_

Name of school or training program: \_\_\_\_\_

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Certificates, degrees, etc. earned: \_\_\_\_\_

Please identify below any special training, licenses, and/or certificates, any experience with machines, office equipment, and/or languages, and any other special skills pertinent to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A job description for the position(s) for which you are applying has been provided. Are you able to perform the essential job functions required of the position with or without reasonable accommodation(s)? Yes \_\_\_ No \_\_\_

### WORK EXPERIENCE

List below all work experience for the past 10 years, paid or unpaid, beginning with your most recent job, including military, volunteer, and other jobs. Attach additional pages if necessary.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer: Yes \_\_\_ No \_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer: Yes \_\_\_\_ No \_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

From (mo/yr): \_\_\_\_ To (mo/yr): \_\_\_\_ Full Time: \_\_\_\_ Part Time: \_\_\_\_

Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer: Yes \_\_\_\_ No \_\_\_\_

Have you ever been terminated from a job or asked to resign: Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**SUPPLEMENTALS TO THIS APPLICATION MAY BE NECESSARY (AND BECOME PART OF THIS APPLICATION). THESE SUPPLEMENTALS CONCERN CRIMINAL BACKGROUND CHECKS. PLEASE INQUIRE WHETHER ANY SUPPLEMENTALS ARE NECESSARY IN CONNECTION WITH YOUR APPLICATION.**

**APPLICANT CERTIFICATION AND ACKNOWLEDGMENT**

Please initial next to each paragraph and sign where indicated below.

\_\_\_\_ I certify that all statements made in connection with this application (whether contained herein (and/or in any supplements) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, or termination from employment if discovered after employment. If I am employed by District, I agree to comply with its lawful orders, rules, policies, and regulations.

\_\_\_\_ I authorize the investigation of all matters which District deems relevant to my qualifications for employment, including, without limitation, work records, reference checks, education, and an investigation into my driving record. I authorize and request that all my present and former employers, references, educational institutions, and any others to furnish and release information about me, my employment record, and/or education, including a statement of reasons for the termination of my employment and information regarding my work performance, disciplinary reports or actions, abilities, degrees obtained, transcripts, licenses and certifications, and other qualities and information District deems pertinent to my qualifications for employment. By signing below, I release District (and all providers of information) from all claims and/or liabilities arising out of or in any way connected with District's background investigation. If employed, I release District from any claims and/or liabilities for future references it may provide regarding my work history and performance with District.

\_\_\_\_ I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States as a condition of employment.

\_\_\_\_\_ I understand that any job offer may be contingent on me successfully passing a drug screening. I hereby agree to such drug screening and authorize the testing facility to release the test results to District. I understand that a refusal to submit to the drug screening will be considered my voluntary withdrawal from further employment consideration. I release District and the testing facility from any and all claims and/or liabilities resulting from or related to the drug screening.

\_\_\_\_\_ I understand that any job offer may be contingent on me successfully passing a criminal background check/investigation. I release District from all claims and/or liabilities resulting from or related to the criminal background check/investigation. If a background investigation and/or credit check is obtained, such background investigation will be completed subject to and in accordance with applicable law.

\_\_\_\_\_ I understand that, if employed, my employment relationship with District will be at-will. Therefore, subject to applicable law, my employment may be terminated (and I may voluntarily resign) at any time, for any reason or no reason, with or without cause or prior notice. Nothing contained in this application, or provided in connection herewith, will be construed as an offer or promise of employment, nor does this application create an employment contract or guarantee that employment or any benefit will be provided or continued for any period of time.

By signing below, I hereby affirm the foregoing and all other contents of this application. My signature below certifies that I have read and understand this application and agree to the terms and conditions contained on this page and all other parts of this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR MANAGEMENT USE ONLY**

Date Application Received: \_\_\_\_\_

Supplementals to Application Required: Yes \_\_\_ No \_\_\_

Arrange Interview: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employ: Yes \_\_\_ No \_\_\_      Date of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date