



WASHINGTON STATE PARKS & RECREATION COMMISSION
HUMAN RESOURCES

PARK AIDE APPLICATION

Washington State Parks & Recreation Commission
1111 Israel Road SW
PO Box 42650
Olympia WA 98504-2650



Southwest Region (SW)
1111 Israel Road SW
Olympia WA 98512-9167
(360) 725-9770

Eastern Region (E)
270 9th Street NE Suite 200
East Wenatchee, WA 98802
(509) 665-4319

Northwest Region (NW)
220 North Walnut St.
Burlington WA 98233
(360) 755-9231

Primary Duties: Assists park staff by performing a variety of tasks at a state park. Tasks may include picking up litter, cleaning restrooms, registering campers and collecting camping fees, mowing lawns, general grounds and facility maintenance, explaining park rules, painting and trail maintenance.

Minimum Qualifications: Must be 18 years of age or older. Most positions require a valid driver's license.

Note: Successful completion of a background check is required.

Where To Apply: You should send your application (copies are acceptable) to each park in which you are interested in working.

-- PLEASE TYPE OR PRINT --

1. NAME (LAST, FIRST, MIDDLE INITIAL)		3. PRESENT TELEPHONE NUMBER	
2. PRESENT ADDRESS (STREET)		PERMANENT TELEPHONE NUMBER	
CITY, STATE, ZIP CODE		4. E-MAIL ADDRESS	
PERMANENT ADDRESS (STREET)		5. SOCIAL SECURITY NUMBER	
CITY, STATE, ZIP CODE		6. ARE YOU 18 OR OVER? IF NO, WHEN WILL YOU BE? (MO/YEAR) <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. HAVE YOU EVER WORKED FOR WASHINGTON STATE PARKS? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST SEASON? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARK/LOCATION	
8. DATE AVAIL. TO BEGIN EMPLOYMENT	TERMINATION DATE	9. DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE LICENSE NUMBER
10. CAN YOU PROVIDE YOUR OWN HOUSING DURING EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ACCESS TO THE FOLLOWING? IF YES, PLEASE PROVIDE THE SIZE IN THE APPROPRIATE LINE <input type="checkbox"/> CAMPER _____ <input type="checkbox"/> TRAILER _____ <input type="checkbox"/> MOTOR HOME _____		

If you choose to send your application to a Region Office, list your choice of parks below.

(NOTE: Your application may not be forwarded from the Region Office unless a park requests additional applications.)

11. I WOULD LIKE TO WORK IN:
 SW REGION NW REGION E REGION FT. WORDEN AREA

1. _____ 2. _____
 3. _____ 4. _____

12. High School Graduate or General Education Development test passed? YES NO
 If no, what is your highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE/UNIVERSITY NAME AND LOCATION	DATES ATTENDED	CREDITS EARNED			GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/YEAR	MAJOR OR SUBJECTS TAKEN
		QUARTER HOURS	SEMESTER HOURS	OTHER			
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		

13. EMPLOYMENT/VOLUNTEER HISTORY. List your four most recent relevant experience. If you have Washington State Parks experience, list first.

1. LAST OR PRESENT FIRM OR AGENCY	TELEPHONE NUMBER	FROM (MONTH/YEAR)
EMPLOYER'S ADDRESS	YOUR TITLE	TO (MONTH/YEAR)
SPECIFIC DUTIES	TOTAL MONTHS EMPLOYED	
	HRS PER WK	LAST SALARY
	VOLUNTEER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. LAST OR PRESENT FIRM OR AGENCY	TELEPHONE NUMBER	FROM (MONTH/YEAR)
EMPLOYER'S ADDRESS	YOUR TITLE	TO (MONTH/YEAR)
SPECIFIC DUTIES	TOTAL MONTHS EMPLOYED	
	HRS PER WK	LAST SALARY
	VOLUNTEER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. LAST OR PRESENT FIRM OR AGENCY	TELEPHONE NUMBER	FROM (MONTH/YEAR)
EMPLOYER'S ADDRESS	YOUR TITLE	TO (MONTH/YEAR)
SPECIFIC DUTIES	TOTAL MONTHS EMPLOYED	
	HRS PER WK	LAST SALARY
	VOLUNTEER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. LAST OR PRESENT FIRM OR AGENCY	TELEPHONE NUMBER	FROM (MONTH/YEAR)
EMPLOYER'S ADDRESS	YOUR TITLE	TO (MONTH/YEAR)
SPECIFIC DUTIES	TOTAL MONTHS EMPLOYED	
	HRS PER WK	LAST SALARY
	VOLUNTEER: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you been convicted of a felony within the past ten years?
 (Answering yes will not automatically bar you from employment.) YES NO

All answers and statements are true and complete to the best of my knowledge. I understand the State may verify information, and that untruthful or misleading answers are cause for rejection of this application or dismissal, if employed. I understand that I must successfully pass a background check.

X _____ DATE _____
 SIGNATURE
 PARK AIDE APPLICATION
 P&R P-032 (REV. 04/2010)

AFFIRMATIVE ACTION INFORMATION

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. Please review the Affirmative Action definitions at the bottom of the page.

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
1. Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Are You <input type="checkbox"/> Male <input type="checkbox"/> Female	
2. What race or culture do you consider yourself? <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other Race (Indicate race or culture): _____ <input type="checkbox"/> Multi-Racial (Indicate Races or Cultures): _____		4. Have you ever been on active duty in the U.S. Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: _____ to _____ <input type="checkbox"/> Vietnam-Era Veteran Did you serve in the Republic of Vietnam? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: _____ to _____ <input type="checkbox"/> Disabled Veteran _____ % of disability. 5. Do you have a long-term condition such as: blindness, deafness, severe vision or hearing impairment, a substantial limitation on one or more basic physical activities (e.g., walking, climbing stairs, reaching, lifting or carrying), or a physical, mental or emotional condition which impacts learning, remembering or concentrating? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to Affirmative Action definitions below)	

SIGNATURE	DATE
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Affirmative Action Definitions

<p>Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.</p> <p>American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.</p> <p>Native Hawaiian or Other Pacific Islander: A person with origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.</p> <p>Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</p> <p>Black/African-American: A person with origins in any of the Black racial groups of Africa.</p> <p>White/Caucasian: A person with origins in any of the original peoples of Europe, North Africa or the Middle East.</p>	<p>Disabilities: For Affirmative Action Purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.</p> <p>Disabled Veteran: A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the Department of Veteran's Affairs Secretary confirming employment handicap as it relates to item (B).</p> <p>Vietnam-Era Veteran: A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975.</p> <p>*Service between February 28, 1961 and August 14, 1964 must have been performed <u>within</u> the Republic of Vietnam.</p>
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