



CITY OF ORTING

DAY-CAMP COUNSELOR APPLICATION

P.O. BOX 489, 104 BRIDGE ST S - ORTING, WA 98360

Phone: (360) 893-2219 FAX (360) 893-6809

EQUAL OPPORTUNITY: The City of Orting, Washington is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of Orting affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of résumés, documents or certificates which support your application. All materials submitted become the property of the City of Orting and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

My initials at the end of this sentence affirm that I have read and understand these instructions. _____

PERSONAL INFORMATION

LAST NAME		FIRST	MI	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
MAILING ADDRESS					
RESIDENCE ADDRESS, IF DIFFERENT FROM ABOVE					
PRIMARY TELEPHONE NUMBER		ALTERNATE TELEPHONE NUMBER		EMAIL ADDRESS	
ARE YOU 18 YEARS OF AGE OR OLDER? IF "NO" PLEASE LIST YOUR AGE AS OF AUGUST 1, 2026:				<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PRESENT EVIDENCE OF YOUR RIGHT TO WORK.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF ORTING:					
NAME			JOB TITLE/DEPARTMENT		

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING:	
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?	
PLEASE CONFIRM YOU ARE AVAILABLE ALL TEN (10) DATES OF CAMP AND ONE MANDATORY PRE-CAMP TRAINING MEETING. DATES ARE MONDAY THRU FRIDAY AUGUST 3-7 AND AUGUST 10-14, 2026.	<input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY SERVICE

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION
FROM		TO		IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLE VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER	VETERAN'S POINTS CLAIMED (CHECK ONE) <input type="checkbox"/> 5 <input type="checkbox"/> 10
MO.	YR.	MO.	YR.		
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY _____					
OPTIONAL: LIST OF ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY _____					

EDUCATION: Educational qualifications are subject to verification.

Highest Grade Completed: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED				
TYPE OF SCHOOL	SCHOOL NAME & LOCATION	NO. OF YEARS	COURSE WORK or MAJOR	DIPLOMA, DEGREE or CERT TITLE
BUSINESS/ TECHNICAL				
COLLEGE				
PROFESSIONAL LICENSES/ CERTIFICATIONS/ OTHER TRAINING				
ARE YOU FIRST AID / CPR CERTIFIED?				<input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIAL SKILLS – FIELD

LIST ANY SKILLS OR EXPERIENCES RELEVANT TO THIS POSITION: _____ _____ _____

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PRESENT OR MOST RECENT JOB			EMPLOYER	
FROM		TO		ADDRESS
MO	YEAR	MO	YEAR	
				TELEPHONE
YOUR TITLE			SUPERVISORS NAME AND TITLE	
HOURS PER WEEK			REASON FOR LEAVING POSITION	
SPECIFIC DUTIES / SKILLS: _____ _____ _____				
No. of Employees Supervised (if applicable):				
PREVIOUS EMPLOYMENT #1			EMPLOYER	
FROM		TO		ADDRESS
MO	YEAR	MO	YEAR	
				TELEPHONE
YOUR TITLE			SUPERVISORS NAME AND TITLE	
HOURS PER WEEK			REASON FOR LEAVING POSITION	
SPECIFIC DUTIES / SKILLS: _____ _____ _____				
No. of Employees Supervised (if applicable):				

MISCELLANEOUS INFORMATION

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REFERENCES: List three references who are not your relatives or employees of the City of Orting. State the nature of your relationship (i.e. co-worker, supervisor, associate.)

NAME	EMAIL	PHONE	RELATIONSHIP

IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

NOTICE TO PERSONS WITH DISABILITIES: TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF ORTING AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

DRUG POLICY: IT IS THE POLICY OF THE CITY OF ORTING TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

AGREEMENT: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUND FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF ORTING ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF ORTING TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF ORTING OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF ORTING RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF ORTING, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE _____ DATE _____