

# Central Plumas Recreation and Park District

P.O. Box 1551, Quincy, CA 95971

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## APPLICATION FOR EMPLOYMENT – AN EQUAL OPPORTUNITY EMPLOYER

The Central Plumas Recreation and Park District maintains a policy of the treating of all employees and applicants for employment without regard to race, color, creed, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation or affectional preference, citizenship or any other characteristic protected by law in all employment decisions, including but not limited to recruitment, hiring, compensation, training, apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off, termination and all other terms and conditions of employment.

Last Name:	First:	Middle:
_____	_____	_____
Social Security Number: _____		
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone: _____ How long have you lived here? _____		

Please list addresses for last 10 years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Languages Spoken Fluently (if relevant to the position for which you are applying):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear of the job opening for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Do you have any relative(s), or persons with whom you are involved in a close personal relationship, employed by the \_\_\_\_\_ District? If so, list:

Name \_\_\_\_\_ Relationship) \_\_\_\_\_

Were you ever previously employed by the \_\_\_\_\_ District? Yes \_\_\_ No \_\_\_

From When: \_\_\_\_\_ To: \_\_\_\_\_

Do you currently have unrestricted work authorization allowing you to accept employment in the United States?

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

In the event of an emergency, whom may we contact?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you willing to work evenings? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you, with or without reasonable accommodation, perform the essential functions of the position in which you are interested? Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Level	Name and Address of School	Course of Study	Years Attended	Circle last Year Completed	Did you Graduate?	List Diploma or Degree
High School						
Technical or Business				1 2 3 4		
College				1 2 3 4		
Graduate				1 2 3 4		

If you have any additional educational, vocational and/or professional information, such as special areas of research or study, training, seminars, etc., please attach such information that is relevant to your application here. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills here. \_\_\_\_\_

Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations). Supplement this information by written attachment if applicable. \_\_\_\_\_

Please list any paid or volunteer experience in your community. \_\_\_\_\_

**EMPLOYMENT HISTORY (START WITH PRESENT AND ATTACH ADDITIONAL SHEETS (IF NECESSARY))**

Name		Describe Duties Performed:		
Address:		Title:		
Type of Business		Phone Number	Starting Salary: Final Salary:	
Employed From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

Name		Describe Duties Performed:		
Address:		Title:		
Type of Business		Phone Number	Starting Salary: Final Salary:	
Employed From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

Name		Describe Duties Performed:		
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Address:		Title:		
Type of Business		Phone Number	Starting Salary: Final Salary:	
Employed From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

Name		Describe Duties Performed:		
Address:		Title:		
Type of Business		Phone Number	Starting Salary: Final Salary:	
Employed From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

<b>MILITARY RECORD</b>		
Were you in the U.S. Armed Forces? No _____ Yes _____ Branch: _____		
From: _____ To: _____		
List duties in service, including special training: _____ _____		

I certify that all the information submitted by me on this application is true and complete, and I understand that any false information or omissions will lead to rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omissions are discovered.

My signature below certifies that I understand that if I am extended an offer of employment by the Central Plumas Recreation and Park District, my employment is contingent upon satisfactory completion of a medical examination (if applicable to the position for which you are applying), including a drug test (if applicable to the position for which you are applying), and submission of proof that I have the credentials and/or licenses (if relevant) necessary for the position that I am offered.

I understand that this application is only valid for the position applied for at present and that the Central Plumas Recreation and Park District is not obligated to retain or consider this application for future openings.

**Applicant Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_**

**BACKGROUND INVESTIGATION**

I authorize investigation of all statements contained in this application, authorize the \_\_\_\_\_ District to secure information about my background and experience with former employers, education institutions and any relevant agencies, and authorize those parties to provide information to the \_\_\_\_\_ District concerning my background and experience. I release the \_\_\_\_\_ District, and all parties providing information to the district about my background and experience, from any liability whatsoever arising therefrom.

**Applicant Signature:\_\_\_\_\_Date:\_\_\_**