

#### Calwa Recreation and Park District

#### **Employment Application** An Equal Opportunity Employer **Please Print** Date Middle Last Name First Name **Present Address** City State Zip Code No. & Street Permanent Address (if different from present address) City State Zip Code No. & Street **Business Phone** Home Phone **Employment Desired** Position applying for: Are you applying for: Regular full-time work?..... What days and hours are you available for work? If applying for temporary work, during what period of time will you be available? From: If hired, what date can you start work? Salary desired:

Personal Information			
How did you hear about our company and this job opening?			
Have you ever applied to or worked for Calwa Recreation and Park District  If yes, when?	before? Yes No		
Why are you applying for work at Calwa Recreation and Park District	?		
If hired, would you have a reliable means of transportation to and from work?	Yes No		
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	Yes No		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	Yes No		
If no, describe the functions that cannot be performed.			

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

School	Name and Address			No. of Years Completed	Did you Graduate?	Degree or Diploma
High School		4° =		_	Yes No	
	Name					
	Address					
	City	State	Zip Code	_		
ollege/					Yes No	
University	Name					
	Address					
	City	State	Zip Code	_		
ocational/					Yes No	
ısiness	Name					
	Address					
	City	State	Zip Code	-		
alth Care					Yes No	
aining	Name					
	Address					
				_		

#### **Employment Application** Answer the following questions if you are applying for a professional position: Are you licensed/certified for the job applied for?..... Yes Name of license/certification: Issusing state: License/certification number: Has your license/certification ever been revoked or suspended?......Yes If yes, state reason(s), date of revocation or suspension, and date of reinstatement. **Employment History** List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume. Name of Employer **Phone Number** Your Supervisor's Name Type of Business City State Zip Code Address & Street **Hourly Rate Dates of Employment: Ending** From **Annual Salary Your Position and Duties** Reason for Leaving Current employer? May we contact this employer for a reference?..... Yes Name of Employer **Phone Number** Type of Business Your Supervisor's Name City Address & Street State Zip Code **Hourly Rate** Dates of Employment: Ending Starting **Annual Salary** From Your Position and Duties

May we contact this employer for a reference?.....

Reason for Leaving

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Yes

# **Employment Application Employment History, continued** Name of Employer Phone Number Your Supervisor's Name Type of Business City State Zip Code Address & Street **Hourly Rate** Dates of Employment: Ending Starting

Your Position and Duties					
Reason for Leaving					
May we contact this em	ployer for a i	reference?			Yes No
Name of Employer			Phone Number		
ype of Business			Your Supervisor's Name		
Address & Street			City	State	Zip Code
ates of Employment:	From	To	Hourly Rate Annual Salary	Starting	Ending
our Position and Duties					
eason for Leaving	nployer for a	reference?			Yes No
leason for Leaving	nployer for a	reference?			Yes No
Reason for Leaving May we contact this em	nployer for a	reference?	Phone Number		Yes No
Reason for Leaving  May we contact this en  Mame of Employer	nployer for a	reference?			Yes No
Reason for Leaving  May we contact this em  Name of Employer  Type of Business	nployer for a	reference?	Phone Number	State	Yes No
Reason for Leaving  Vay we contact this em  Name of Employer  Type of Business  Address & Street	nployer for a	reference?	Phone Number  Your Supervisor's Name	State	
Reason for Leaving  May we contact this em  Name of Employer  Type of Business  Address & Street			Phone Number  Your Supervisor's Name  City  Hourly Rate	State	Zip Code
Name of Employer  Type of Business  Address & Street  Dates of Employment:			Phone Number  Your Supervisor's Name  City  Hourly Rate	State	Zip Code

#### References

List below three persons	not related to you who h	ave knowledge of your work per	formance with	nin the last three ye
First Name	Last Name		Phone	Number
Address & Street		City	State	Zip Code
Occupation		No. of Years Acquainted		
First Name	Last Name		Phone	• Number
Address & Street		City	State	Zip Code
Occupation		No. of Years Acquainted		
First Name	Last Name		Phone	e Number
Address & Street		City	State	Zip Code
Occupation		No. of Years Acquainted		

Please Re	ad Carefully, Initial Each Paragraph and Sign Below
Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
	I hereby authorize Calwa Recreation and Park District to thoroughly investigate my
Initials	references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of of in any way related to such investigation or disclosure.
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.
Initials	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
	Date Applicant's Signature

Optional		
Initials	entitled to copies of an below. If I am not hired though I have checked records documenting a judgment." (Civil Code	lic records be conducted by internal personnel employed by the Company, I am y such public records obtained by the Company unless I mark the check box d as a result of such information, I am entitled to a copy of any such records even the box below. "Public records" are defined by California state law and means in "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding section 1786.53) Any public records request conducted by internal personnel pany will only be used to the extent allowed by federal, state, or local law.
	I waive receipt of a	copy of any public record described in the paragraph above.
		Applicant's Signature

not necessarily disqualify you fr	ow is necessary for the specific position for which you are applying. A "yes" answer wil rom the position. The nature of the offense, the date of the offense, the surrounding the of the offense to the position applied for may, however, be considered.
Any information regarding crim	ninal history will be maintained confidentially.
(Please do not list misdemeano infractions, records relating to c ordered sealed pursuant to law.	ime(s), when and where convicted, disposition of the case and any additional
Date	Applicant's Signature