

6626 Skyway, Paradise, CA 95969 (530) 872-6393

APPLICATION FOR EMPLOYMENT

Both sides must be completed (print or type). A completed application is required for each job opening.

osition Desired:			Minimum Salar	y Acceptable:_	
lame: (Last)		(First)_			(MI)
	umber	Street	City	State	Zip
		Home Phone:	·		•
-					•
-Mail Address:			<u></u>		
ate when would you	be available for e	mployment?	Full-time		Part-time
an you submit verific	cation of your lega	I right to work in the U.S.?	Yes	No	
OUCATION (Select h	nighest grade com	pleted):			
·					
Name of High So	chool	Address			Graduate Y/N
Name of College)	Address		Degree	Graduate Y/N
Name of College		Address		Degree Degree	
Name of College	3	Address			
Name of College	3	Address			
Name of College	3	Address			
Name of College	3	Address			
	3	Address			
Name of College	3	Address			
Name of College	3	Address			
Name of College	3	Address			
Name of College B RELATED SKILL	S AND CERTIFIC	Address ATIONS:			
Name of College B RELATED SKILL	S AND CERTIFIC	Address ATIONS:			
Name of College B RELATED SKILL	S AND CERTIFIC	Address ATIONS:	Phone		
Name of College B RELATED SKILL FERENCES: (Not)	S AND CERTIFIC	Address ATIONS:	Phone		Graduate Y/N

You may attach a resume to this application, however, your application will not be considered unless every question is answered. Volunteer work may also be included.

EMPLOYMENT REFERENCES: Current or most recent employer: Company/Employer Citv State Phone Number Are you currently working for this employer? Yes No If yes, may we contact? Yes Nο Date Employed: to Job Title: Reason for Leaving: Second most recent employer: Company/Employer State Phone Number Are you currently working for this employer? No If yes, may we contact? No From: to Job Title: Date Employed: Duties: Reason for Leaving:____ Third most recent employer: State Company/Employer Phone Number Are you currently working for this employer? If yes, may we contact? Yes Yes No to Job Title: Date Employed: Duties: Reason for Leaving: You may attach an additional sheet to include any other related experience. **AFFIDAVIT** I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize employers, companies, schools, or persons named above to give any information regarding my employment, character and qualifications. I hereby release said employers, companies, schools, or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed I agree this could be cause for termination. As an applicant for employment with the Paradise Recreation and Park District, I understand that I must comply with the Employee Fingerprinting Policy, submit to a pre-employment physical examination as directed by the District, and complete a criminal background questionnaire. Signature of Applicant Date