



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.

Date: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Minimum Salary Acceptable: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number Street City State Zip

Social Security No.: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

When would you be available for employment? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Can you submit verification of your legal right to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

**EDUCATION:** (Please circle highest grade completed) 7 8 9 10 11 12 13 14 15 16 16+

\_\_\_\_\_  
Name of High School Address Graduate

\_\_\_\_\_  
Name of College Address Degree Graduate

\_\_\_\_\_  
Name of College Address Degree Graduate

## JOB RELATED SKILLS:

Typewriter: \_\_\_\_\_ wpm Shorthand: \_\_\_\_\_ wpm Calculator: \_\_\_\_\_ by touch \_\_\_\_\_ by sight

Other Schools, Licenses: \_\_\_\_\_

Computer Skill Level: \_\_\_\_ Beginning \_\_\_\_ Intermediate \_\_\_\_ Advanced Type of Software: \_\_\_\_\_

Other Schools, Licenses: \_\_\_\_\_

Other Machines, Equipment or Abilities: \_\_\_\_\_

Bilingual? Yes / No Fluent? Yes / No Language: \_\_\_\_\_

## REFERENCES: (Not relatives or previous employers)

1. \_\_\_\_\_  
Name Address Phone Occupation

2. \_\_\_\_\_  
Name Address Phone Occupation

3. \_\_\_\_\_  
Name Address Phone Occupation

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	City	State	Phone Number
Are you currently working for this employer?	Yes	No	If yes, may we contact? Yes No
Date Employed:	From: _____ to _____	Job Title: _____	
Duties:	_____		
Salary:	_____ Reason for Leaving: _____		

**Second most recent employer:**

Company/Employer	City	State	Phone Number
Are you currently working for this employer?	Yes	No	If yes, may we contact? Yes No
Date Employed:	From: _____ to _____	Job Title: _____	
Duties:	_____		
Salary:	_____ Reason for Leaving: _____		

**Third most recent employer:**

Company/Employer	City	State	Phone Number
Are you currently working for this employer?	Yes	No	If yes, may we contact? Yes No
Date Employed:	From: _____ to _____	Job Title: _____	
Duties:	_____		
Salary:	_____ 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