

Feather River Recreation & Park District Application for Employment

Last Name:	First Name:		Middle Initial:	
Address:		City:	Zip:	
Phone: Ce	Il Phone:E	mail:		
Position Applying for:	sition Applying for: Avai		lable Start Date:	
☐ Part Time Hours Available: _	ole: Full Time Hours Available:			
Education: Please circle the higher	est grade completed 7 8 9	10 11 12 13 14	15 16 16+	
High School:	Location:	Σ	oid you graduate:	
College:	Location:	Degree:	Did you graduate:	
College:	Location:	Degree:	Did you graduate:	
Job Related Skills				
Typing: WPM Bilingual: \(\subseteq Yes \subseteq No \) Languages:				
Computer Programs/Software:				
Other Licenses/Certificates:				
Background: Are you a Citizen of the United States? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes No If no, do you have permission to work in the US? Yes Yes Yes				
References: May we contact your references \square Yes \square No				
Name :		Phone #•		
Name :				
	-			
Name :	_ Occupation:	Phone #:		

Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential function. Hire may be subject to passing a medical examination and skill agility test.			
Employment References: Please list your most recent employers. Starting with the most current.			
Are you currently working for this employer? ☐Yes ☐No	May we contact this employer? ☐ Yes ☐ No		
Start Date: End Date: Job Title:			
Company:Supervisor:	Phone #:		
Duties:			
- 			
Reason for Leaving:			
Are you currently working for this employer? ☐ Yes ☐ No	May we contact this employer? ☐ Yes ☐ No		
Start Date: End Date: Job Title:			
Company:Supervisor:	Phone #:		
Duties:			
Reason for Leaving:			
Are you currently working for this employer? ☐ Yes ☐ No	May we contact this employer? ☐ Yes ☐ No		
Start Date:			
Company:Supervisor:	Phone #:		
Duties:			
Reason for Leaving:			
I certify that the answers given by me to the foregoing questions and statem any kind. I authorize employers, companies, schools, or persons named abordaracter, and qualifications. I hereby release said employers, companies, sthis information. I understand and agree that any misleading or incorrect statemployed, I agree this could be cause for termination. As an applicant for e I understand that I must comply with the Employee Fingerprinting Policy, stated by the District, and complete a criminal background questionnaire definite period and may, regardless of the date of payment of my wages and Signature of Applicant:	ove to give any information regarding my employment, chools, or persons from all liability for any damage for issuing attements or omissions may render this application void, and if imployment with the Feather River Recreation & Park District, submit to a pre-employment physical/drug examination as a Further, I understand and agree that my employment is for no disalary, be terminated at any time without previous notice.		