

APPLICATION FOR EMPLOYMENT



**Pleasant Hill
Recreation & Park District**

People, Parks & Programs Since 1951

Personal Data

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Name (please print) _____
(last) (first) (middle)

Date of Application _____ Social Security Number _____

Position(s) applying for _____

Address _____

City _____ State _____ Zip code _____

Home phone () _____ Message phone () _____

If employed and under 18 years, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give dates _____

Are you employed now? Yes No

If yes, may we contact your present employer as to work performance? Yes No

If hired, can you provide evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

On what date would you be available for work? _____

Are you available for: Full Time/ 40 hr. week Part-Time/less than 40 hrs. Seasonal

Indicate availability: Months _____ Days _____ Hours _____

Have you been convicted of a felony within the last 7 years? Yes No (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

(Continued on next page)

Please return application to:

District Office
147 Gregory Lane,
Pleasant Hill, CA 94523
(925) 682-0896 Office
(925) 682-1633 Fax

Community Center
320 Civic Drive
Pleasant Hill, CA 94523
(925) 676-5200 Office
(925) 676-5630 Fax

Senior Center
233 Gregory Lane
Pleasant Hill, CA 94523
(925) 798-8788 Office
(925) 798-8837 Fax

Park Maintenance
310 Civic Drive
Pleasant Hill, CA 94523
(925) 671-4659 Office
(925) 676-7628 Fax

Personal Data (Continued)

Veteran of the U.S. Military? Yes No If yes, branch of service _____

Do you possess a valid Motor Vehicle Operator's License? Yes No

State _____ Number _____

(Some positions may require applicant to have a good driving record and submit DMV print out prior to hiring.)

If hired, do you have a reliable means of transportation to and from work? Yes No

If required, would you be willing to have a physical examination for this position? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed: _____

Are you able to perform all other duties for which you are applying? Yes No If no, describe the duties and functions that you cannot perform: _____

Activities

List professional, trade business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or disability or their protected status.) _____

References

List three references who are familiar with the quality of your work, and who are NOT directly related to you or are NOT previous employers.

1. Reference

Name _____ Address _____ City _____

Work phone () _____ Home phone () _____

2. Reference

Name _____ Address _____ City _____

work phone () _____ Home phone () _____

3. Reference

Name _____ Address _____ City _____

Work phone () _____ Home phone () _____

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Employment Experience

Start with your present or last job. include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disabled or other protected status. Attach additional sheet if needed.

Employer	Dates Employed From To	Work Performed
Address		
Phone Job Title	Hourly Rate Starting Final	
Supervisor		
Employer	Dates Employed From To	Work Performed
Address		
Phone Job Title	Hourly Rate Starting Final	
Supervisor		
Reason for Leaving		May we request employment information? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed From To	Work Performed
Address		
Phone Job Title	Hourly Rate Starting Final	
Supervisor		
Reason for Leaving		May we request employment information? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed From To	Work Performed
Address		
Phone Job Title	Hourly Rate Starting Final	
Supervisor		

Special Skills, Qualifications and Training

Summarize special skills and qualifications acquired from employment or other experience: _____

Education Record

	Elementary	High	College/University	Graduate/Professional
School				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe course of study				

State any additional information you feel may be helpful to us in considering your application: _____

Applicant's Statement

PLEASE READ and SIGN BELOW: APPLICANT CERTIFICATION, AUTHORIZATION and UNDERSTANDINGS

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given to 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 understand that nothing contained in the application or conveyed during any interview which may be granted 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 District, and that no promises or representation contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's designated representative.

Applicant's signature _____ Date _____

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