

Mission Oaks Recreation and Park District
3344 Mission Ave.
Carmichael, CA 95608
Phone: (916) 488-2810
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

TYPE or PRINT in INK	Please complete the application by typing or clearly printing in dark ink. Submit a separate application (photocopy acceptable) for each recruitment announcement. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted.
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POSITION APPLIED FOR (Listed on the recruitment announcement) AND LOCATION:	DATE OF APPLICATION:
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DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
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N A M E A N D A D D R E S S			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
EMAIL ADDRESS:		<input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE	

WORK SCHEDULE AVAILABILITY		
Check Only One: <input type="checkbox"/> NON-SEASONAL (NS) <input type="checkbox"/> SEASONAL (S) <input type="checkbox"/> EITHER (B)	Check Only One: <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> TEMPORARY(I) <input type="checkbox"/> ANY (B)	Date You Can Report For Work:

Are you willing to work for Mission Oaks Recreation & Park District in a temporary position?
 (Check one) YES NO

EDUCATION / TRAINING HISTORY
List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

	Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned Check One & Indicate Hours	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
A			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
B			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
C			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

SPECIALIZED SKILLS AND KNOWLEDGE
List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer skills, languages or software programs, foreign languages, etc.). Attach additional pages as needed.

WORK HISTORY

JOB NUMBER 1 (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)		<input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above	
TO (MONTH - YEAR)		If you checked any of these boxes, list the number of employees and their job titles.	
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)		<input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above	
TO (MONTH - YEAR)		If you checked any of these boxes, list the number of employees and their job titles.	
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 3			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of Above
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles.	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

REFERENCES			
Do not include family members			
Name	Phone Number	Best Time to Call	Occupation

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ◆ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ◆ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize the State of California to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize the State of California to check my driving record if the position for which I am applying requires driving.
- ◆ You may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- ◆ **I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.**

By electronically submitting my application materials, I agree to the conditions stated in this “Certification and Signature” section, and this section is enforceable as if I had signed below.

SIGNATURE (Must be signed IN INK and submitted in person):	DATE:
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KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.

**THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH
Mission Oaks Recreation and Park District**

OFFICE USE ONLY

Interviewer (Print Name):	Date of Interview	<input type="checkbox"/> HIRED <input type="checkbox"/> NOT HIRED _____
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