



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: _____ Mobile Phone: _____

E-Mail Address: _____

Date 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 Y/N

Name of College Address Degree Graduate Y/N

Name of College Address Degree Graduate Y/N

JOB RELATED SKILLS AND CERTIFICATIONS:

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:	_____		
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:	_____		
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:	_____		
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