



RANCHO SIMI RECREATION AND PARK DISTRICT

1692 Sycamore Drive, Simi Valley, California 93065 • (805) 584-4400

www.rsrpd.org

APPLICATION FOR EMPLOYMENT

(Position for Which You Are Applying)

INSTRUCTIONS

Read the job description to determine if you meet the requirements. Print in ink or type information. Complete all sections fully and accurately. Application will be used during the evaluation / selection process. Include any additional information pertaining to your qualifications for the position. False statements are cause for rejection of the application, removal of name from eligibility list, or disciplinary action up to and including termination. All information is subject to verification.

CONDITIONS OF EMPLOYMENT

- If hired, applicant:
- Must submit proof of U.S. citizenship or legal right to remain and work in the United States.
 - Must be able to perform essential functions of the position stated in the job description.
 - May be required to pass a physical examination; May be fingerprinted.

PERSONAL INFORMATION

| | | | |
|---|---|-----------------|-----------------|
| Name: | Last | First | Middle |
| E-mail Address: | Social Security No. (last 4 digits only): | | |
| Home Address: | Street | Apt. No. | |
| | City | State | Zip Code |
| Telephone: | Home | Business | Cell |
| Driver's License: | No. | Expiration Date | State Type |
| Do you have any relatives working here? Yes ___ No ___ If yes, whom? | | | |

EDUCATION AND TRAINING

| High School Graduate / GED Certificate Yes ___ No ___ | | Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 | | | | | | | | | | | | | |
|--|-----------------|---|------------------------------|-----------------------------|------|--|--|--|--|--|--|--|--|--|--|
| University / College, Business or Trade Schools Attended Name & Location (city) | Course of Study | Credit Earned | Degree | | | | | | | | | | | | |
| | Major | Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type | | | | | | | | | | |
| | Major | Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type | | | | | | | | | | |
| | Major | Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type | | | | | | | | | | |

ADDITIONAL INFORMATION (USE SEPARATE SHEET IF NECESSARY)

| | |
|--|---|
| Professional training, conferences, workshops related to the position: | |
| | |
| Licenses, Certificates or Registrations related to the position: | Office Skills related to the position: (computer, 10-key, typing, etc.) |
| | |
| | Other Skills related to the position: (heavy equipment, tools, etc.) |
| | |

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY (A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION)

List all periods of employment for the last ten years, beginning with the most recent. Include volunteer, military or other special experience if applicable (attach additional sheets as necessary). May we contact your present employer as to your qualifications, character? Yes No

| EMPLOYER | | | From | To | Job Title |
|--------------------|------------------------------------|------|------------------------------------|------|---|
| Name | Mo | Year | Mo | Year | Highest Salary Earned _____ Yr <input type="checkbox"/> Mo <input type="checkbox"/> Wk <input type="checkbox"/> Hr <input type="checkbox"/> |
| Address | Full-time <input type="checkbox"/> | | | | |
| City | State | Zip | Part-time <input type="checkbox"/> | | |
| Phone | Volunteer <input type="checkbox"/> | | | | |
| Supervisor | Hrs. Worked / Volunteered | | | | |
| Reason for Leaving | | | | | |

| EMPLOYER | | | From | To | Job Title |
|--------------------|------------------------------------|------|------------------------------------|------|---|
| Name | Mo | Year | Mo | Year | Highest Salary Earned _____ Yr <input type="checkbox"/> Mo <input type="checkbox"/> Wk <input type="checkbox"/> Hr <input type="checkbox"/> |
| Address | Full-time <input type="checkbox"/> | | | | |
| City | State | Zip | Part-time <input type="checkbox"/> | | |
| Phone | Volunteer <input type="checkbox"/> | | | | |
| Supervisor | Hrs. Worked / Volunteered | | | | |
| Reason for Leaving | | | | | |

| EMPLOYER | | | From | To | Job Title |
|--------------------|------------------------------------|------|------------------------------------|------|---|
| Name | Mo | Year | Mo | Year | Highest Salary Earned _____ Yr <input type="checkbox"/> Mo <input type="checkbox"/> Wk <input type="checkbox"/> Hr <input type="checkbox"/> |
| Address | Full-time <input type="checkbox"/> | | | | |
| City | State | Zip | Part-time <input type="checkbox"/> | | |
| Phone | Volunteer <input type="checkbox"/> | | | | |
| Supervisor | Hrs. Worked / Volunteered | | | | |
| Reason for Leaving | | | | | |

| EMPLOYER | | | From | To | Job Title |
|--------------------|------------------------------------|------|------------------------------------|------|---|
| Name | Mo | Year | Mo | Year | Highest Salary Earned _____ Yr <input type="checkbox"/> Mo <input type="checkbox"/> Wk <input type="checkbox"/> Hr <input type="checkbox"/> |
| Address | Full-time <input type="checkbox"/> | | | | |
| City | State | Zip | Part-time <input type="checkbox"/> | | |
| Phone | Volunteer <input type="checkbox"/> | | | | |
| Supervisor | Hrs. Worked/Volunteered | | | | |
| Reason for Leaving | | | | | |

| |
|--|
| IN CASE OF EMERGENCY CONTACT: Name _____ Phone _____ Cell _____ |
| Street Address _____ City _____ Zip _____ |

CERTIFICATION OF APPLICANT

I hereby certify that all statements made in this application are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal. I agree that if I accept employment with the District said acceptance will be subject to and governed by policies of the District including but not limited to personnel and employment policies, procedures, and regulations. I hereby authorize the District to make such inquiries relative to the facts set forth in this application as shall be necessary to permit the District to verify their accuracy. Further, I hereby waive any claims or causes of action which I may have against employers or others providing information to the District arising out of or associated with the giving of such information.

SIGNATURE _____ **DATE** _____

