



Sunrise Recreation & Park District
 7801 Auburn Blvd.
 Citrus Heights, CA 95610
 (916) 725-1585

Application for Employment

Position(s) applied for _____		Date of application _____	
Name _____		Social Security # _____	
LAST	FIRST	MIDDLE	
Address _____		STREET	CITY
		STATE	ZIP CODE
Telephone _____		E-mail Address _____	

If you are under 18, and it is required, can you furnish a work permit? Yes No

Have you ever been employed here before? If yes, give the dates and positions. Yes No

Have you ever been convicted of a felony? Yes No

If yes, state offense, date, location, and disposition of the case below:

Date available for work _____

Type of employment desired Full-Time Part-Time Temporary Seasonal

Valid Driver's License number _____ State _____

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
Hourly Rate / Salary Starting		Hourly Rate / Salary Final	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? [] YES [] NO [] LATER			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
Hourly Rate / Salary Starting		Hourly Rate / Salary Final	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? [] YES [] NO [] LATER			
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Hourly Rate / Salary Starting		Hourly Rate / Salary Final	
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
Hourly Rate / Salary Starting		Hourly Rate / Salary Final	
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING			

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____ _____ _____
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Educational Background (if job related)

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

References (give the names of 3 persons not related, whom you have known at least one year)

NAME	TELEPHONE #	NUMBER OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service whenever it is discovered.

I hereby authorize Sunrise Recreation & Park District to make any investigation of my background deemed necessary. I authorize my former employers to give any information regarding my employment. I hereby release them and their company/agency from all damages whatsoever for issuing same. I agree to be fingerprinted, to submit to a drug test, to submit to a complete medical exam, and furnish such proof of meeting the conditions of employment as may be required.

Signature of Applicant: _____ **Date:** _____