RIO LINDA	ELVERTA
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<b>RECREATION AND</b>	PARK DISTRICT

# RIO LINDA ELVERTA RECREATION AND PARK DISTRICT 810 OAK LANE, RIO LINDA CA 95673 P/ (916) 991-5929 F/916-991-2892 www.RLEParks.org

# **APPLICATION FOR EMPLOYMENT**

Position(s):			Date:	
Name:				
			City:	
State:	Zip:	Phone:		
Email:			Driver's License:	

# **GENERAL ENFORMATION:**

1.	Are you over 18?	Yes	No
2.	Have you ever worked for RLERPD before?	Yes	_No
3.	If yes, list the position and supervisor:		
4.	Are you a citizen or national of the United States?	Yes	_No
5.	If no, are you legally authorized to work in the U.S.?	Yes	_ No
6.	Are you a military veteran?	Yes	_No
7.	Have you ever been convicted of a felony within the last 7 years?	Yes	_No
8.	If yes, please explain:		

(Conviction will not necessarily disqualify an applicant from employment)

### EDUCATION:

Name of School and Location	Dates	Subjects	Diploma

#### **REFERENCES:** (provide 3 references we may contact)

Name	Phone	Relationship

#### SPECIALIZED SKILLS AND TRAINING:

List any achievements or activities that you consider relevant to your activity to perform the job for which you are applying such as certificates, awards, volunteer positions, etc.

## **EMPLOYMENT HISTORY:**

Provide the required information on the recent positions you have held. Start with your present or last job. If additional space is needed, continue on a separate piece of paper. Put a check mark next to any employer that you would <u>not</u> want us to contact.

EMPLOYER:	FROM:	TO:	
SUPERVISOR NAME:	PHONE:		
CITY/STATE:	JOB TITLE:		
DUTIES:			
EMPLOYER:	FROM:	TO:	
SUPERVISOR NAME:	PHONE:		
CITY/STATE:	JOB TITLE:		
DUTIES:			
EMPLOYER:	FROM:	TO:	
SUPERVISOR NAME:	PHONE:		
CITY/STATE:	JOB TITLE:		
DUTIES:			

# **CERTIFICATION AND SIGNATURE:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE:	DATE:		
PRINT NAME:			