Parks & Recreation District #3

Employment Application

Date: _____

Name: _____
Last Name First Name Middle Name

Address: _____
Street Number Street Name City/State/Zipcode

Email Address: _____ Phone Number: _____

Are you 18 years or older? ☐ Yes ☐ No U.S. Citizen/Legal Alien? ☐ Yes ☐ No

Position applying for: _____

I understand and agree that I may be required to take a physical exam, and/or drug test, as a condition of hiring or continued employment.

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age.

Education

Name & Location Major/Degree Year Acquired

High School: _____

College: _____

Other: _____

Work Experience

Start with the most recent held

(1) _____
Employer Address Telephone Number

_____
Position Employment Dates

(2) _____
Employer Address Telephone Number

_____
Position Employment Dates

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References

(1) _____
Name Contact Number Occupation Years Acquainted

(2) _____
Name Contact Number Occupation Years Acquainted

(3) _____
Name Contact Number Occupation Years Acquainted

Physical Record

Do you have any physical limitations that preclude you from any work for which you are being considered? ☐ Yes ☐ No

If yes, please describe: _____

If yes, what can be done to accommodate your limitations? _____

_____

In case of emergency, please notify: _____
Name Contact Number Relationship

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period. I may be terminated at any time without prior notice.

_____ _____
Date Employee Signature