

EMPLOYMENT APPLICATION

ARCADE CREEK RECREATION AND PARK DISTRICT

4855 Hamilton Street, Sacramento, CA 95841

acrpd@arcadecreekrecreation.com

Office (916) 482-8377

Fax (916) 483-1321



PERSONAL INFORMATION

Name (Last, First, MI)		Date	
Address		City	State
Phone Number		Email	
Y <input type="checkbox"/> N <input type="checkbox"/> Are you authorized to work in the U.S.? Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever been employed by ACRPD? Y <input type="checkbox"/> N <input type="checkbox"/> Do you have any relatives currently employed with ACRPD? Y <input type="checkbox"/> N <input type="checkbox"/> Are you at least 18 years of age? Y <input type="checkbox"/> N <input type="checkbox"/> Are you a US Veteran? Y <input type="checkbox"/> N <input type="checkbox"/> Do you speak multiple languages? <i>If so, please share which languages:</i> Y <input type="checkbox"/> N <input type="checkbox"/> Are you currently employed? Y <input type="checkbox"/> N <input type="checkbox"/> <i>If so, may we contact your employer?</i>		Employment Desired: <i>Full Time</i> <input type="checkbox"/> <i>Part Time</i> <input type="checkbox"/> <i>Seasonal</i> <input type="checkbox"/> Position Desired Salary Available Start Date	

EDUCATION

Type	Name Location	Major	Graduated	Avg. Grade
Grammer School				
High School				
College				
Business or Trade				
Subjects of special study or research				

Certifications / Licenses	Exp Date
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EMPLOYMENT HISTORY

Please list your previous three employers.

Agency / Company

Position

Month/Year

Address

Supervisor

Reason

Phone Number

Website

Duties Summary

May we contact this employer? Y N

Agency / Company

Position

Month/Year

Address

Supervisor

Reason

Phone Number

Website

Duties Summary

May we contact this employer? Y N

Agency / Company

Position

Month/Year

Address

Supervisor

Reason

Phone Number

Website

Duties Summary

May we contact this employer? Y N

ACKNOWLEDGMENT FORM

Emergency Contact:

Name _____ **Phone Number** _____ **Relationship** _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

_____ **Date** _____ **Signature** _____

FOR DISTRICT USE ONLY

_____ **Interviewed By** _____ **Position** _____ **Interview Date** _____

Notations

Availability

SUN	MON	TUES	WEDS	THURS	FRI	SAT	AM/PM
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Y N

Hired

_____ **Position**

_____ **Reports**

_____ **Salary**

Approval

Direct Supervisor

Print _____ **Signature** _____ **Date** _____

Department Manager

Print _____ **Signature** _____ **Date** _____

General Manager

Print _____ **Signature** _____ **Date** _____