



PLEASANT VALLEY RECREATION AND PARK DISTRICT

1605 East Burnley Street Camarillo, CA 93010 Office: (805) 482-1996 Fax: (805) 383-0316
www.pvrpd.org

APPLICATION FOR EMPLOYMENT

(Exact title as shown on announcement)

INSTRUCTIONS

Read the job bulletin to determine if you meet the requirements. Complete all sections completely and accurately. The application will be used during the examination interview. 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.
- Will be fingerprinted.
- Will be required to pass a urine test for substance use, a tuberculosis test, and a breath alcohol test before employment commences.

PERSONAL INFORMATION

NAME		SOCIAL SEC. NO. <small>(optional)</small>	
CURRENT ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		
EMAIL ADDRESS			
DRIVER'S LICENSE NO.	STATE	EXPIRES	TYPE
DO YOU HAVE ANY RELATIVES WORKING FOR PVRPD?			
IF YES, NAME:		WHICH DEPARTMENT?	

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE / GED CERTIFICATE? YES / NO PLEASE CIRCLE

IF NO, HIGHEST LEVEL COMPLETED:

COLLEGE, BUSINESS OR TRADE SCHOOLS ATTENDED <small>Name & Location (City)</small>	COURSE OF STUDY	CREDITS COMPLETED	DEGREE
	MAJOR		
	MAJOR		
	MAJOR		

A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION

EMPLOYMENT HISTORY

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*).

EMPLOYER			JOB TITLE	
ADDRESS	FROM Mo Yr	TO Mo Yr	DUTIES	
CITY	FULL TIME	<input type="checkbox"/>		
STATE ZIP	PART TIME	<input type="checkbox"/>		
TELEPHONE	VOLUNTEER HOURS	<input type="checkbox"/>		
SUPERVISOR	WORKED/VOLUNTEERED			
	PER WEEK _____			
REASON FOR LEAVING			MAY WE CONTACT?	WHY NOT?

EMPLOYER			JOB TITLE	
ADDRESS	FROM Mo Yr	TO Mo Yr	DUTIES	
CITY	FULL TIME	<input type="checkbox"/>		
STATE ZIP	PART TIME	<input type="checkbox"/>		
TELEPHONE	VOLUNTEER HOURS	<input type="checkbox"/>		
SUPERVISOR	WORKED/VOLUNTEERED			
	PER WEEK _____			
REASON FOR LEAVING			MAY WE CONTACT?	WHY NOT?

EMPLOYER			JOB TITLE	
ADDRESS	FROM Mo Yr	TO Mo Yr	DUTIES	
CITY	FULL TIME	<input type="checkbox"/>		
STATE ZIP	PART TIME	<input type="checkbox"/>		
TELEPHONE	VOLUNTEER HOURS	<input type="checkbox"/>		
SUPERVISOR	WORKED/VOLUNTEERED			
	PER WEEK _____			
REASON FOR LEAVING			MAY WE CONTACT?	WHY NOT?

EMPLOYER			JOB TITLE	
ADDRESS	FROM Mo Yr	TO Mo Yr	DUTIES	
CITY	FULL TIME	<input type="checkbox"/>		
STATE ZIP	PART TIME	<input type="checkbox"/>		
TELEPHONE	VOLUNTEER HOURS	<input type="checkbox"/>		
SUPERVISOR	WORKED/VOLUNTEERED			
	PER WEEK _____			
REASON FOR LEAVING			MAY WE CONTACT?	WHY NOT?

REFERENCES OTHER THAN THOSE LISTED ABOVE

NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP

ADDITIONAL INFORMATION

PROFESSIONAL TRAINING, CONFERENCES AND WORKSHOPS ATTENDED RELATED TO THE POSITION *(use separate sheet if necessary)*.

PROFESSIONAL OR TRADE LICENSE, CERTIFICATES OR REGISTRATIONS:

TYPE:	LICENSE NO.:	STATE:	EFFECTIVE DATE:	FROM:	TO:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CERTIFICATION OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY RESULT IN DISQUALIFICATION OR DISMISSAL.

SIGNATURE _____ DATE _____

READ CAREFULLY BEFORE SIGNING BELOW

The following AUTHORIZATION AND RELEASE has been prepared to expedite background inquiries on employment applications. You are not required to sign this form in order to have your application considered. However, failure to sign may impede the ability of the District to obtain information pertinent to your qualifications for employment.

Authorization and Release

I, _____, hereby specifically authorize and direct any previous or current employers to release to the Human Resources Office of the Pleasant Valley Recreation and Park District, any and all information of whatever kind possessed by them, in either verbal or written form, as Pleasant Valley Recreation and Park District may request regarding myself, including opinions as to job performance, character, competency, honesty, ability, work injuries and safety record, and any and all records related to me personally, which may have been kept either public or private. I understand and acknowledge that this authorization will permit positive as well as negative information to be released to the Human Resources Office of the Pleasant Valley Recreation and Park District described above and the release of negative information may adversely impact my being hired by the same.

I hereby release Pleasant Valley Recreation and Park District and its officers, agents, representatives, and employees and hold them harmless from any and all liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position. I further release any previous or current employers from liability or damage which may result from furnishing the information requested. I also request that a copy of this release be treated as conveying the same authority as the signed original.

Signature

Date