



EMPLOYMENT APPLICATION

Instructions: Answer all questions in blue or black ink or in typed format. When completing this application, show as clearly as possible that you meet each of the specific requirements listed in the job description. False statements or failure to provide complete information is cause for rejection of application, reduced rating, removal of name from eligibility list, and/or dismissal from position. Answer questions as completely as space will permit, attaching additional sheets as needed.

EXACT TITLE OF POSITION APPLYING FOR: _____

NAME: _____
LAST FIRST MI

MAILING ADDRESS: _____
NUMBER STREET

_____ CITY STATE ZIP CODE CONTACT PHONE: _____

EMAIL: _____ SECONDARY PHONE: _____

CA DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____

Are you 18 or older? Yes No

Are you related to any employee(s) of the Hesperia Recreation and Park District? Yes No

If Yes, Name of Relative: _____ Relationship: _____

Have you applied for this position before? Yes No If Yes, when? _____

Have you ever worked for the District? Yes No If Yes, when? _____

EDUCATION
Do you have a High School Diploma or a G.E.D certificate? Yes No If NO, circle highest grade completed: 7 8 9 10 11 12

Name and Location of High School: _____

College, Business, or Trade School attended:	Major:	Units/Type Completed:	Degree:
Professional Licenses or Certificates and issue date (attach a separate sheet if necessary):		Do you speak any language in addition to English? <input type="radio"/> Yes <input type="radio"/> No Specify:	

HR USE ONLY

<input type="checkbox"/> Application Accepted <input type="checkbox"/> Application Rejected Reason(s) for Rejection: <input type="checkbox"/> Experience deficient and/or not competitive <input type="checkbox"/> Late Application <input type="checkbox"/> Education deficient and/or not competitive <input type="checkbox"/> Incomplete Application Reviewed by: _____ Notes: _____	Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ Notes: _____
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EXPERIENCE: List your last four (4) jobs, including relevant volunteer experience. IN ADDITION, list any earlier experience of any kind required for this position. If additional space is needed, attach a sheet of paper prepared in the same format. A resume is not required. If you elect to attach a resume or additional documentation, please indicate such attachments:

From (Month & Year)	Job Title	Company Name	Phone
To (Month & Year)	Description of Duties	Number and Street	City State
Hours Worked Per Week		Supervisor Name & Title	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving or Wanting to Leave	
From (Month & Year)		Job Title	Company Name
To (Month & Year)	Description of Duties	Number and Street	City State
Hours Worked Per Week		Supervisor Name & Title	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
From (Month & Year)		Job Title	Company Name
To (Month & Year)	Description of Duties	Number and Street	City State
Hours Worked Per Week		Supervisor Name & Title	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
From (Month & Year)		Job Title	Company Name
To (Month & Year)	Description of Duties	Number and Street	City State
Hours Worked Per Week		Supervisor Name & Title	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
From (Month & Year)		Job Title	Company Name
To (Month & Year)	Description of Duties	Number and Street	City State
Hours Worked Per Week		Supervisor Name & Title	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	

I certify that I have read and meet the specific requirements listed on the job description for this position. I understand that I may be requested to submit proof of qualification at a later date. If upon checking these, you determine that I do not meet specific requirements, I understand that I will be disqualified.

I declare under penalty of perjury that all answers and statements in this application (and attachments if applicable) are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers on this application (and attachments if applicable), or during any portion of the interview process are cause for rejection of this application, removal from an eligibility list, or dismissal from District employment.

I understand that the District may wish to verify the accuracy of the information contained in my application (and attachments if applicable). If I am a finalist for this position, I hereby authorize the District to obtain information which may concern me regarding my references, education or training, prior employment and criminal history, including driving record. I understand the District has a right to obtain any criminal history information. All candidates offered a position must be fingerprinted and cleared before starting work.

Applicant Signature:

Date: