

# Coalinga-Huron Recreation & Park District



## Employment Application

*Thank you for considering employment with the Coalinga-Huron Recreation & Park District. An Equal Opportunity Employer, the Coalinga-Huron Recreation & Park District provides equal employment opportunity to all persons regardless of sex, race, marital status, religion, ancestry, color, national origin, political affiliation, disability, age, sexual orientation or other non-merit related reasons.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applying for: \_\_\_\_\_

### **Instructions:**

1. Answer all questions by writing clearly or typing. Provide enough detail to allow for full review and consideration. Your application will be evaluated as part of the recruitment process.
2. A resume or other materials may be attached but are not to be in lieu of completing the application form.
3. **Make sure you sign your application and submit required supplemental material with your application. Application and supplemental materials will not be returned and become the property of the Coalinga-Huron Recreation & Park District.**
4. Use a separate application when applying for more than one position.
5. Inquiry may be made of your former and current employers and/or schools you attended regarding your performance records. Please provide the name and phone number of each supervisor on your form.
6. Please notify the Coalinga-Huron Recreation & Park District if you change your address or phone number.

**Thank you for your interest in employment with the Coalinga-Huron Recreation & Park District!**

Application for Employment

# Coalinga-Huron Recreation & Park District



P.O. Box 386 / 555 Monroe Street  
Coalinga, CA 93210  
(559) 935-0727

Position/Title: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

May we contact you at your business number? Yes \_\_\_ No \_\_\_

For Personnel Use Only

Date Received \_\_\_\_\_ By: \_\_\_\_\_

1st Screen \_\_\_\_\_

2nd Screen \_\_\_\_\_

Oral Interview \_\_\_\_\_

Written Interview \_\_\_\_\_

Physical Agility \_\_\_\_\_

Final Interview \_\_\_\_\_

Hire \_\_\_\_\_

Note: This Application may be considered a part of your test for this job. Fill out carefully and completely.

Experience: List the positions you have held starting with your current or most recent position. Please give enough information to allow for review and evaluation of your work experience and abilities, include paid or unpaid, full or part-time, military, summer. Include additional pages if necessary.

### **JOBS, ETC. RESUMES NOT ACCEPTED IN LIEU OF DISTRICT APPLICATION.**

FROM: MO. _____/YR _____	FULL TIME <input type="checkbox"/>	EMPLOYER'S NAME: _____
TO: MO. _____/YR _____	PART TIME <input type="checkbox"/>	ADDRESS _____ CITY _____
FINAL SALARY _____	HOURS PER WEEK _____	SUPERVISOR'S NAME/PHONE _____
POSITION TITLE _____		DUTIES _____

NUMBER OF EMPLOYEES SUPERVISED \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

FROM: MO. _____/YR _____	FULL TIME <input type="checkbox"/>	EMPLOYER'S NAME: _____
TO: MO. _____/YR _____	PART TIME <input type="checkbox"/>	ADDRESS _____ CITY _____
FINAL SALARY _____	HOURS PER WEEK _____	SUPERVISOR'S NAME/PHONE _____
POSITION TITLE _____		DUTIES _____

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FINAL SALARY _____	HOURS PER WEEK _____	SUPERVISOR'S NAME/PHONE _____
POSITION TITLE _____		DUTIES _____

NUMBER OF EMPLOYEES SUPERVISED \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_



HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PROVIDE DATE, OFFENSE, PLACE AND FINE/SENTENCE FOR EACH (A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT). DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS OR JUVENILE OFFENSES. (NO APPLICANT NEED DISCLOSE ANY CONVICTION RELATED TO MARIJUANA USE THAT IS OVER TWO (2) YEARS OLD AS OF THE DATE THAT YOU COMPLETE THIS APPLICATION, FOR VIOLATION OF HEALTH AND SAFETY CODE SECTIONS 11357, 11360, 11365 OR 11550, AS THOSE STATUTES RELATED TO MARIJUANA PRIOR TO JANUARY 1, 1976, ARE A STATUTORY PREDECESSOR TO THOSE STATUTES.)

HAVE YOU EVER BEEN IN THE MILITARY? YES  NO   
BRANCH \_\_\_\_\_ DATES: \_\_\_\_\_

ARE YOU RELATED TO ANY PRESENT EMPLOYEES OF THE COALINGA-HURON RECREATION & PARK DISTRICT? YES  NO

IF YES, PLEASE LIST NAME AND RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE COALINGA-HURON RECREATION & PARK DISTRICT BEFORE? \_\_\_\_\_ IF YES, WHEN AND WHAT POSITION: \_\_\_\_\_

YOUR CLERICAL SKILLS: TYPING: \_\_\_ W.P.M. DICTATION/SHORTHAND: \_\_\_ W.P.M.  
CALCULATOR: YES  NO  COMPUTER: YES  NO

LIST SOFTWARE PROGRAMS USED: \_\_\_\_\_  
OTHER (SPECIFY): \_\_\_\_\_

ARE YOU WILLING TO WORK: FULL-TIME YES  NO  PART-TIME YES  NO   
TEMPORARY YES  NO

IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A VALID WORK PERMIT? YES  NO

**CERTIFICATE OF APPLICANT (READ CAREFULLY BEFORE SIGNING)**

I HEREBY CERTIFY THAT ALL STATEMENTS ARE TRUE AND CORRECT. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS HEREIN MAY CAUSE FORFEITURE ON MY PART OF ALL ELIGIBILITY TO ANY EMPLOYMENT IN THE SERVICE OF THE COALINGA-HURON RECREATION & PARK DISTRICT. I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE "AT WILL"; THAT IS, THAT THE DISTRICT OR I CAN TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE. YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR IDENTITY AND CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE UNITED STATES AT THE TIME OF AND AS A CONDITION OF EMPLOYMENT.

ANY MATERIAL SUBMITTED DURING THE APPLICATION PROCESS BECOMES THE PROPERTY OF THE COALINGA-HURON RECREATION & PARK DISTRICT. APPLICANTS WHO WISH TO RETAIN COPIES MUST MAKE THEIR COPY PRIOR TO SUBMITTING THE MATERIALS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION WILL NOT BE ACCEPTED WITHOUT ORIGINAL SIGNATURE



**EDUCATION:**

LAST SCHOOL ATTENDED BELOW COLLEGE LEVEL \_\_\_\_\_

HIGHEST GRADE COMPLETED \_\_\_\_\_

**DID YOU GRADUATE FROM HIGH SCHOOL?**

YES  NAME/LOCATION \_\_\_\_\_ NO

**DO YOU HAVE A GED CERTIFICATE?**

YES  NAME/LOCATION \_\_\_\_\_ NO

COLLEGE OR UNIVERSITY NAME AND LOCATION	COURSE OR MAJOR	UNITS ACCUMULATED	DID YOU GRADUATE?	DEGREE	LAST YEAR ATTENDED
BUSINESS, TECH, TRADE OR NIGHT SCHOOL	COURSE	DATES	UNITS ACCUMULATED	COMPLETED	
POST ACADEMY	CERTIFICA TE	DATES	UNITS ACCUMULATED	COMPLETED	

**CERTIFICATES, LICENSES, OR MEMBERSHIPS - PLEASE LIST:**

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES  NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_ NO   
IF NO, CAN YOU PROVIDED ONE IF HIRED? \_\_\_\_\_

FOREIGN LANGUAGES: SPEAK \_\_\_\_\_ READ \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE POSITION, WITH OR WITHOUT REASONABLE ACCOMMODATIONS?  
YES \_\_\_ NO \_\_\_

IF YOU NEED REASONABLE ACCOMMODATIONS IN THE RECRUITMENT PROCESS, PLEASE SPECIFY: \_\_\_\_\_

CAN YOU MEET THE ATTENDANCE REQUIREMENTS OF THIS JOB? YES  NO