



PERSONNEL OFFICE
405 Galaxy Avenue
Bakersfield, California 93308
Office (661) 392-2000 Fax (661) 392-2041
www.norrecreation.org

POSITION APPLIED FOR:

DATE OF APPLICATION:

APPLICATION INSTRUCTIONS

1. Read the job description before completing and submitting the application. Your further consideration for the position will depend upon the accurate information you provide on this application regarding your ability to meet or exceed the minimum requirements of the position. **This application must be filled out completely.** Incomplete or illegible applications will be rejected. Applications must be received in the Personnel Office no later than the date and time noted in the job announcement.
2. You must submit any material that is required with your application, (ie; typing certificate, DMV printout).
3. **Resumes may be added, but may not be substituted for completion of this application.**
4. Please complete the attached Applicant Data Record. Avoid any other reference to religion, politics, race or nationality.
5. Notify the Personnel Office immediately if you have a change of address, phone, or employer.
6. A separate application is required for each position.
7. Any material submitted during the application process becomes the property of the District unless otherwise specified in the job announcement. Applicants who wish to retain copies must make their copies prior to submitting the materials.

NAME: _____		SOCIAL SECURITY NUMBER: _____	
ADDRESS: _____			
<small>Number Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
HOME PHONE: () _____	BUSINESS/MESSAGE PHONE: () _____		
CELL PHONE: () _____	E-MAIL: _____		

The best number to reach you would be (check any that apply): Home Cell Business E-mail

What type of employment are you interested in? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Date available for work: _____ What hours are you available to work each day? (examples: all, 8-5, none, etc...)	
Mon:	Tue:
Wed:	Thu:
Fri:	Sat:
Sun:	
Have you previously (check the box that applies) <input type="checkbox"/> worked or <input type="checkbox"/> applied for NOR Rec. & Park District? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes; when? Date(s): _____ What Position(s)? _____	
List name(s) used if previously different: _____	
If hired, can you provide evidence of U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Y <input type="checkbox"/> N	
Do you have any friends or relatives working for NOR? <input type="checkbox"/> Y <input type="checkbox"/> N	
Name(s) and relationship: _____	
If you are under 18, and it is required, can you furnish a work permit? <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N	
If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Y <input type="checkbox"/> N	
<i>If the position requires a Drivers License,</i> do you have a valid California Driver's License? <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N	
DL #: _____ Class: _____ Expires: _____	
If the position requires a specific drivers license and if you do not have one, can you provide one if hired? <input type="checkbox"/> Y <input type="checkbox"/> N	
If no: is your driver's license presently restricted, suspended, or revoked? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, explain: _____	
Have you ever been convicted of any offense other than a minor traffic violation? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, briefly describe below, or on a separate piece of paper or complete the district's Conviction Review form and attach to this application. (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)	
HOW DID YOU HEAR ABOUT THIS JOB OPENING? <input type="checkbox"/> Friend/Relative <input type="checkbox"/> District Website <input type="checkbox"/> Other internet site <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in	
<input type="checkbox"/> Other (please specify): _____	
Why are you applying to work for North of the River Recreation and Park District?	

AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive consideration without regard to sex, marital status, race, age, creed, national origin, color, religion, mental or physical disability, veteran status, medical condition, sexual orientation or any other legally protected status.

Employment History (A RESUME WILL NOT BE A SUBSTITUTE FOR THIS SECTION)

List below all present and past employment for the **last 10 years** starting with your most recent employer. **EXPLAIN ANY GAPS BETWEEN EMPLOYMENT.** Include military service assignments, volunteer activities, student period, or other special experience. Exclude organization names which indicate race, color, religion, sex, national origin or disability, or any other legally protected status. A resume may be attached, but will not be a substitute for the information required in this section. Your application will be rejected if you fail to complete this section and/or write "See Resume"

If you need to list any additional experience, complete the Additional Work Experience form and attach it to this application.

How many years experience have you had that would qualify you for this position, PAID: # years OR UNPAID: # years

1. MOST RECENT EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties:	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
				May we contact this employer? Y N Later	
2. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
				May we contact this employer? Y N Later	
3. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
				May we contact this employer? Y N Later	
4. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
				May we contact this employer? Y N Later	

Education, Training, and Experience

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Graduated: Yes No Passed GED Test: Yes No

Name / location of High School (City and State): _____

COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS **LIST ALL APPLICABLE TO THIS POSITION.**

Name, Address, City, State, Zip	Course Of Study	# of yrs	Graduated Y / N	Dates Attended	# Units Completed Sem / Qtr	Degree Or Diploma

ADDITIONAL INFORMATION

Other training, skills or experience **related** to the position applied for: (computers, office machines, typing speed, foreign languages, special courses, machinery, etc...):

Professional License, Certificates (**including Aquatics certifications**), or Memberships **related** to position: (Title/Registration #/Expiration Date):

Has any of the above license or certificate(s) listed ever been revoked or suspended? Yes No
 If yes, state reason(s), date of revocation or suspension and date of reinstatement:

State any additional information you feel may be helpful:

APPLICANT'S STATEMENT

Please read carefully

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the District, and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's designated representative.

I understand, also, that I am required to abide by all rules and regulations of the District. In addition, I understand that after an offer of employment and before reporting to work, a criminal records check will be required. I further understand that depending upon District policy, a physical examination and / or alcohol and drug screen may be required.

I understand that a job offer would be contingent upon the following: I must submit proof of U.S. citizenship or legal right to remain and work in the United States; I will be fingerprinted; I may be required to pass a physical examination; and I may be required to pass a urine test for substance abuse before I begin work.

Signature of Applicant _____

Date _____

North of the River Recreation and Park District conducts Reference and Employment verifications on designated positions prior to an offer of employment. Please sign the Disclosure Authorization and Release form below. It will be used when former employers request employee authorization prior to releasing employment information.



North of the River
recreation and park district

DISCLOSURE AUTHORIZATION AND RELEASE

405 Galaxy Ave, Bakersfield, CA 93308
Office (661)392-2000 Fax (661)392-2041
www.norrecreation.org

RE: REFERENCE CHECK FOR EMPLOYMENT

TO WHOM IT MAY CONCERN:

I have applied for employment with North of the River Recreation and Park District. I hereby consent to the release of any and all information regarding my employment, job performance and any other pertinent information that you may have to any authorized employee, representative, or agent of North of the River Recreation and Park District. This information may be provided either verbally or in writing. This includes, but is not limited to, employment and education records and transcripts which you may possess, whether or not such records or information are confidential, privileged and/or of a derogatory nature.

In addition to authorizing the release of any information regarding my employment, I hereby direct you to release the requested information, records and/or transcripts upon request of the bearer. I understand that the information and records provided are for the official use of the District. I specifically and permanently waive any rights I may have to review or inspect any records, transcripts or information received during the course of the District's investigation.

I hereby release, hold harmless and indemnify you, as the custodian of any such records, my present and former employer(s), the District, and any educational institution which I may have attended, including all officers, agents, employees, representatives, or other personnel of any of those entities both individually and collectively, from any and all liability, damage, suits, actions or claims of whatever kind, that may directly or indirectly result from compliance with this authorization or any attempt to comply with it, by any person or party, whether such information is favorable or unfavorable to me.

A photocopy of this release form shall be as valid as the original. I acknowledge that I am entitled to a copy of this authorization and release of liability.

SIGNATURE: _____

DATE: _____

Personnel Use Only:

Application reviewed by: _____ Date reviewed: _____

Minimum qualifications met: Exp _____ Ed _____ Test – Rank _____ Cert/DMV: _____

Disqualified: _____ Response letter- date sent: _____

Schedule Interview: date/time: _____ Declined: _____

Interview results: _____ Check References

Job Offer: N _____

Y Accepted Declined _____

Remarks: _____



APPLICANT DATA RECORD

To further its commitment to Equal Employment Opportunity, the District requests that applicants voluntarily provide the following information. This data will be kept in a confidential file separate from the Application for Employment solely for research purposes only to help us comply with government record keeping, reporting and other legal requirements. All information will be used in accordance with the state and federal regulations. Your cooperation in providing this information is essential to the success of the research and evaluation program.

Please print or type.

DATE: _____ POSITION APPLIED FOR: _____

AGE: _____ SEX: Male Female

RECRUITMENT RESEARCH: We would appreciate information on how you heard about this job opportunity in order to help us determine what the most effective recruitment source is. Please check one or more.

<input type="checkbox"/> Walk-In	<input type="checkbox"/> District Website NORrecreation.org
<input type="checkbox"/> Newspaper (please specify):	<input type="checkbox"/> Other Internet Site (please specify):
<input type="checkbox"/> District Employee - name:	<input type="checkbox"/> Job Fair/Recruiter –Event:
<input type="checkbox"/> Friend or Relative - name:	<input type="checkbox"/> Employment Agency (please specify):
<input type="checkbox"/> School (please specify):	<input type="checkbox"/> Other (please specify):

EDUCATION: (Please check the highest level achieved)

- Not a High School Graduate
- High School Diploma/GED
- Some College: How many years: _____
- Bachelor’s Degree: Major: _____

ETHNIC ORIGIN: (Please check one)

- White / Caucasian
- Black / African/American
- Hispanic
- Filipino
- American Indian / Alaskan Native
- Asian / Pacific Islander
- Other: _____



North of the River ADDITIONAL WORK EXPERIENCE, *complete only if needed.*
recreation and park district

5. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
				May we contact this employer? Y N Later	
6. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
				May we contact this employer? Y N Later	
7. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
				May we contact this employer? Y N Later	
8. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
				May we contact this employer? Y N Later	
9. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:		Salary:		Reason for Leaving:	
Phone #:		Starting:	Ending:		
Immediate Supervisor's Name, Title & Phone # (if different):					
FT	PT	Seasonal	Volunteer	# of hours worked per week:	
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