



POSITION APPLYING FOR: _____

FORM INSTRUCTIONS

01/2018

1. This form must be filled out completely and must be received in the Personnel Office by the recruitment deadline.
2. Notify the Personnel Office immediately if you have a change to any contact information.
3. You must submit any documents required with this form, (i.e.; typing certificate, DMV printout). Any material submitted during this process becomes the property of NOR unless otherwise specified in the job announcement. If you wish to retain copies, you must make your copies prior to submitting the materials.
4. RESUMES may be added, but may not be substituted for completion of this form.
5. A separate form is required for each position.
6. Per CA H&S Code 124235 (CA AB 2007), effective January 1st, Youth Sports Positions must complete Concussion Training and provide documentation prior to start date. If you've already completed the program, attach documentation to this form. Otherwise, contact the Recreation Supervisor for information and organizations that provide such training.

EMPLOYEE INFORMATION: Please print clearly.

Last Name	First Name	Home Address:		
Home Phone:	Cell Phone	Work Site Phone:	Work Cell:	Email

The best way to reach me is(check any that apply): Home Cell Work Work Cell E-mail

CURRENT INFORMATION: Provide your current NOR position(s) and information.

Job Title	Current Supervisor	Current Dept.	Current Work Site

How long at current position(s)?

Current work schedule:

Day of week	MON	TUE	WED	THU	FRI	SAT	SUN
Start time							
End time							

Explain why you are applying for this position:

Describe your current qualifications for the position including education, skill, abilities, and work experience:

EMPLOYEE SIGNATURE: _____ DATE SUBMITTED: _____

LIST ANY RELATED WORK EXPERIENCE ON THE BACKSIDE



ADDITIONAL WORK EXPERIENCE

1. **Company Name:** _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Type of Business: _____ **Supervisor:** _____ **Phone:** _____
Job Title: _____ **Start date:** _____ **End date:** _____ FT PT Seasonal Volunteer
Work performed: _____

Reason for leaving: _____

2. **Company Name:** _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Type of Business: _____ **Supervisor:** _____ **Phone:** _____
Job Title: _____ **Start date:** _____ **End date:** _____ FT PT Seasonal Volunteer
Work performed: _____

Reason for leaving: _____

3. **Company Name:** _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Type of Business: _____ **Supervisor:** _____ **Phone:** _____
Job Title: _____ **Start date:** _____ **End date:** _____ FT PT Seasonal Volunteer
Work performed: _____

Reason for leaving: _____

4. **Company Name:** _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Type of Business: _____ **Supervisor:** _____ **Phone:** _____
Job Title: _____ **Start date:** _____ **End date:** _____ FT PT Seasonal Volunteer
Work performed: _____

Reason for leaving: _____

Explain any gaps in work history:

Additional Information: