



North of the River
recreation and park district

PERSONNEL OFFICE
405 Galaxy Avenue, Bakersfield, California 93308
Office (661) 392-2000 Fax (661) 399-2720
www.norfun.org

EMPLOYMENT APPLICATION

FULL TIME AND REGULAR PART TIME CLASSIFICATION
(POSITIONS WORKING WITH MINORS/ELDERLY)

POSITION APPLYING FOR:

APPLICATION INSTRUCTIONS

- 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.
- You must submit any documents required with your application, (ie; typing certificate, DMV printout). Any material submitted during the application process becomes the property of NOR unless otherwise specified in the job announcement. Applicants who wish to retain copies must make their copies prior to submitting the materials.
- RESUMES may be added, but may not be substituted for completion of this application.**
- Please complete the Applicant Data Record. Avoid any other reference to religion, race, nationality or any other legally protected status.
- Notify the Personnel Office immediately if you have a change of address, phone, or employer.
- A separate application is required for each position.

PERSONAL INFORMATION

NAME: _____	APPLICATION DATE: _____
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 ___

Are you currently employed? Y <input type="checkbox"/> N <input type="checkbox"/>	May we contact your current employer? Y <input type="checkbox"/> N <input type="checkbox"/>
HOW DID YOU HEAR ABOUT THIS JOB OPENING?	
<input type="checkbox"/> Friend/Relative: _____	<input type="checkbox"/> District Website <input type="checkbox"/> Walk-in
<input type="checkbox"/> Other internet site	<input type="checkbox"/> Newspaper <input type="checkbox"/> Other (please specify): _____
What date are you available to work: _____ Are you available to work Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> If unavailable for full time, please explain:	
What days and hours are you available to work?	
Have you ever applied to, worked for, or volunteered with NOR? <i>If yes: state dates, positions and reason for leaving.</i> Y <input type="checkbox"/> N <input type="checkbox"/>	
(check all that apply) applied <input type="checkbox"/> worked <input type="checkbox"/> volunteer <input type="checkbox"/>	
List any different name(s) used:	
Do you have any friends or relatives working for NOR? If yes, state name(s) and relationship:	Y <input type="checkbox"/> N <input type="checkbox"/>
If hired, would you have a reliable means of transportation to and from work?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <i>If no, describe the functions that cannot be performed.</i>	Y <input type="checkbox"/> N <input type="checkbox"/>
<small>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</small>	
Are you at least 18 years old? (if under 18, if hired, you may be required to provide authorization to work)	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Are you legally eligible to be employed in the United States? (proof of identity and eligibility will be required upon employment)	Y <input type="checkbox"/> N <input type="checkbox"/>
Have you ever been convicted of any offense other than a minor traffic violation? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) Y <input type="checkbox"/> N <input type="checkbox"/>	
If yes, state nature of the crime(s), when and where convicted, and disposition of the case. Describe either below, on a separate piece of paper, or complete the District's Conviction Review form and attach to this application.	
<small>(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.)</small>	

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 completing the information required in this section)

List all present and past employment for the **last 7 years starting with your most recent employer**. Include military service, volunteer activities, student period, or other special activities and also include any periods of unemployment. Incomplete information may exclude you from further consideration.

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

If any employment was under a different name, indicate name: _____

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: _____
Rate of pay Beginning: _____ **Final/Current:** _____ **May we contact this employer?** **Y** **N** **Later**

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: _____
Rate of pay Beginning: _____ **Final/Current:** _____ **May we contact this employer?** **Y** **N** **Later**

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: _____
Rate of pay Beginning: _____ **Final/Current:** _____ **May we contact this employer?** **Y** **N** **Later**

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: _____
Rate of pay Beginning: _____ **Final/Current:** _____ **May we contact this employer?** **Y** **N** **Later**

Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? If yes, explain: Y N

For additional experience, use an additional sheet of paper with the above information or complete the Additional Work Experience form

EDUCATION, TRAINING, AND EXPERIENCE

High School-highest grade completed: _____ Graduated: Y N GED: Y N Name & location: _____

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

Name, Address, City, State, Zip	Course Of Study	# of yrs completed	Degree Or Diploma OR # of units completed

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, or Memberships **RELATED** to position: (Title/Registration #/Expiration Date)

Have any of the licenses or certificates listed above ever been revoked or suspended? Y N

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

State any additional information you feel may be helpful:

REFERENCES *List three persons not related to you who have knowledge of your work performance.*

First Name: _____ Last Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ No. of Years Acquainted: _____

First Name: _____ Last Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ No. of Years Acquainted: _____

First Name: _____ Last Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ No. of Years Acquainted: _____

PERSONNEL USE ONLY:

Minimum qualifications met Yes, Proceed with recruitment No, Response letter- date sent: _____

Testing Test date: _____ Invite Responded Test score / rank _____

Interview Y Date/time scheduled: _____ No interview Letter- date sent: _____

No show/cancelled Interviewed-Rank order: _____ Eligibility List: No job offer/not on list: Letter- date sent: _____

Reference check Y N

Job Offer: Accepted Declined

APPLICANT'S STATEMENT

Please read carefully, initial each paragraph and sign below

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 District. 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 and depending upon District policy, a physical examination and / or alcohol and drug screen may be required. I further understand that a job offer would be contingent upon passing the above and that I must submit proof of U.S. citizenship or legal right to remain and work in the United States.

APPLICANT SIGNATURE: _____ **DATE:** _____

North of the River Recreation and Park District may conduct reference and employment verifications 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.



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DISCLOSURE AUTHORIZATION AND RELEASE

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:

APPLICANT DATA RECORD

DATE: _____ POSITION APPLIED FOR: _____

AGE: _____ Male Female

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.

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"/> School |
| <input type="checkbox"/> NOR Website (norfun.org) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Other internet site (specify) | |
| <input type="checkbox"/> Newspaper (specify) | |
| <input type="checkbox"/> Friend/relative (name) | |
| <input type="checkbox"/> Employment Agency | |

EDUCATION: (Please check the highest level achieved):

- | | |
|--|--|
| <input type="checkbox"/> Not a HS Graduate | <input type="checkbox"/> College Degree: _____ |
| <input type="checkbox"/> HS Diploma/GED | _____ |
| <input type="checkbox"/> Some College | |

ETHNIC ORIGIN: (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> White / Caucasian | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Black / African/American | <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Filipino | |

APPLICANT NAME: _____
APPLICATION DATE: _____

ADDITIONAL WORK EXPERIENCE

5. **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: _____
Rate of pay Beginning: _____ Final/Current: _____ May we contact this employer? **Y** **N** **Later**

6. **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: _____
Rate of pay Beginning: _____ Final/Current: _____ May we contact this employer? **Y** **N** **Later**

7. **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: _____
Rate of pay Beginning: _____ Final/Current: _____ May we contact this employer? **Y** **N** **Later**

8. **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: _____
Rate of pay Beginning: _____ Final/Current: _____ May we contact this employer? **Y** **N** **Later**

Explain any gaps in work history:

Additional Information:

CONVICTION REVIEW FORM

The Personnel Department will review your application and this form to determine whether or not your conviction record affects your eligibility. 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 applied for may, however, be considered.

Instructions: Starting with your most recent conviction, please list all convictions (not arrests), with accurate dates and in full detail.

	#1	#2	#3
Date (s):			
Convicted of: (Code# & offense):			
City & State of conviction:			
Action taken: (sentence received):			
Present status:			

I certify that all statements made below are true, and I agree and understand that any misstatements or omissions of material facts may at any time cause forfeiture on my part of all rights of employment with the District.

SIGNATURE: _____

DATE: _____