

**TRUCKEE-DONNER RECREATION & PARK DISTRICT**

10981 Truckee Way, Truckee, CA 96161

Phone: 530-550-4442 Fax: 530-582-7724

Email: info@tdrpd.org

We consider applicants for all positions without regard to race, color, national origin, sex, religious creed, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation or any other legally protected status.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

NAME (LAST, FIRST, MIDDLE):	DATE:
PRESENT ADDRESS:	TELEPHONE #:
PERMANENT ADDRESS:	PERMANENT PHONE #:
EMAIL ADDRESS:	

If you are under 18, Can you furnish a valid Work permit? Y      N	ARE YOU APPLYING FOR:
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> RECREATION
	<input type="checkbox"/> PART TIME <input type="checkbox"/> PARKS
	<input type="checkbox"/> SEASONAL <input type="checkbox"/> AQUATICS
	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> OFFICE
	<input type="checkbox"/> OTHER
Title of Job Position Desired if Known:	

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	CIRCLE HIGHEST GRADE COMPLETED	TYPE OF DEGREE OR CERTIFICATE RECEIVED	DATE OF LEAVING
HIGH SCHOOL			9 10 11 12		
TRADE SCHOOL					
COLLEGE			1 2 3 4 5		
POST GRADUATE					

Other training or work related skills:

What languages do you speak fluently other than English?

**READ CAREFULLY: Starting with your present or most recent job, work backwards, accounting for all time, including periods of unemployment.**

NAME, ADDRESS, PHONE	DATES MONTH/YEAR	YOUR POSITION, DUTIES & SUPERVISOR	POSITION TYPE: Full, Part, Other	EXPLAIN YOUR REASON FOR LEAVING	May we contact this employer? Y/N

## JOB INTEREST

## DATA

Have you ever been employed by a Division of this Recreation and Park District? Y      N      If yes, when? _____		
Have you ever applied before to work for TDRPD? Y      N      If yes, when? _____		
In what types of work are you interested?	Starting Wage Expected?	
When would you be available to work?		
Are there times when you would be unavailable to work?		
How were you referred? If by newspaper, agency or website, please give name here:		
Do you have any relatives or acquaintances employed by TDRPD? If yes, please give name(s) and positions:		

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 any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the employers and references listed to disclose to the District any and all letters, reports and other information related to my work records without giving me prior notice of such disclosure. TDRPD has my permission to contact employers and/or references and I release them from any liability whatsoever. I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in my application, or conveyed during an interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the District. I understand that if I am hired, my employment may be terminated at any time, with or without cause or notice, either by myself or TDRPD and that no promises or representations contrary to the forgoing are binding on the District unless made in writing and signed by me and the District's designated representative.

\_\_\_\_\_ I agree to abide by all present and subsequently issued policies of TDRPD.

\_\_\_\_\_ I understand that TDRPD considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. I understand that employment may be subject to passing a job-related medical examination and skill and agility tests.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Your application will remain active for 30 days. After this time, please reapply.