



# West Side Recreation & Park District

500 Cascade Place Taft, CA 93268  
Phone (661) 763-4246 Fax (661) 763-4240  
info@wsrpd.com www.wsrpd.com

**Please type or print in ink. Incomplete or illegible applications will not be accepted.** Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Main Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number Street City State Zip

Mailing Address (if different): \_\_\_\_\_  
Number Street City State Zip

## EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

Are you applying for (check all that apply): Full-Time Part-Time Temporary

Are you available for work (check all that apply): Weekends Overtime (if necessary)

If hired, what date can you start work? \_\_\_\_\_ Salary desired \_\_\_\_\_

## PERSONAL INFORMATION

Have you ever applied to or worked for the District before? Yes No If yes, when \_\_\_\_\_

Do you have any friends/relatives working for the District? Yes No

If yes, state names(s) and relationship \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification of minimum legal age) Yes No

If hired, can you present evidence of US Citizenship or proof of legal right to work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No

If no, describe the functions that cannot be performed \_\_\_\_\_

*Note: We comply with the ADA and consider reasonable accommodations measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical/drug & alcohol and skill & agility tests.*

*Note: Applicants that meet the minimum qualifications for the position will receive a supplemental background questionnaire.*

Are you currently employed? Yes      No  
 If so, may we contact your current employer? Yes      No

**EDUCATION, TRAINING AND EXPERIENCE**

School	Name & Address	# of Years Completed	Did You Graduate?	Degree or Diploma?
<b>High School</b>				
<b>College/ University</b>				
<b>Vocational/ Business</b>				
<b>Other</b>				

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at West Side Recreation and Park District? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

**List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number                  Street    City                          State                          Zip

Telephone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Hourly      Weekly      Bi-Monthly      Monthly

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?      Yes      No

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Hourly Weekly Bi-Monthly Monthly

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes No

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Hourly Weekly Bi-Monthly Monthly

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes No

**Note: Attach additional page(s) if necessary.**

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### REFERENCES

**List below three persons not related to you who have knowledge of your work performance within the last three years. If no prior work experience, please list personal references.**

(1) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Occupation: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Occupation: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

(3) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Occupation: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

Some positions require the use of personal or District vehicles while conducting District business. In order to operate a vehicle, individuals must be physically capable of operating the vehicles safely and must possess and maintain an appropriate valid California motor vehicle operator's license. A California Driver's License and a satisfactory driving record are conditions of initial and continued employment.

All employees are required to be fingerprinted as mandated by State Law.

**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. 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 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 references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, 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 the application, or conveyed during any interview that 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 no less than three (3) members of the Board of Directors of West Side Recreation and Park District and myself.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the District, I am entitled to copies of any such public records obtained by the District unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

[  ] I waive receipt of a copy of any public record described in the paragraph above.

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