



APPLICATION FOR EMPLOYMENT

Thompson Rivers Parks & Recreation District
320 Centennial Dr. Milliken, CO 80543 ~ 970-660-8750

An Equal Opportunity Employer

Thompson Rivers Parks and Recreation District does not discriminate on the basis of federally-protected classifications (race, color, religion, national origin, ancestry, sex, age, disability, genetic information), or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

GENERAL

Name: _____ Primary Phone: _____

Last Name *First Name* *Middle Name*

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

Email Address: _____

Position Applying for: _____

Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) Yes No

Are you legally eligible for employment in the United States? Yes No

Are you currently employed? Yes No May we contact your employer? Yes No

Have you ever been employed with Thompson Rivers Parks & Recreation District? Yes No

Dates of employment: _____ thru _____

How did you hear about the position? _____

Were you referred by a friend or current employee? _____

EDUCATION

High School: _____
Name *City & State* *# of years attended* *Diploma/Degree?Certificate*

College: _____
Name *City & State* *# of years attended* *Diploma/Degree/Certificate*

Subject Studied: _____

Trade/Business/Correspondence: _____
Name *City & State* *# of years attended* *Diploma/Degree/Certificate*

Subject Studied: _____

Subjects of special study or certifications: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name, Address and Telephone of Employer	Title	Employed		Reason for leaving
		From (mo/yr)	To(mo/yr)	
Duties				Supervisor(s)
Name, Address and Telephone of Employer	Title	Employed		Reason for leaving
		From (mo/yr)	To(mo/yr)	
Duties				Supervisor(s)

References may be requested before employment

AFFIDAVIT, CONSENT AND RELEASE

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am in consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice at any either my or the company's option. I also understand and agree that the company may change with or without cause and with or without notice at the terms and conditions of my employment anytime. I understand that no company representative other than its president and then only when in writing and signed by the president, has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____