



APPLICATION FOR EMPLOYMENT

PLEASE PRINT

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS-HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PERSONAL INFORMATION

1. Are you 18 years of age or older? _____ Yes _____ No
2. Are you either a U.S. citizen or an Alien Authorized to work in the U.S.? _____ Yes _____ No
3. Have you ever been convicted of a Felony? _____ Yes _____ No
If Yes, please explain: (a Yes answer does not necessarily mean that employment will be denied.)

4. Can you perform the essential functions of the job without accommodations? _____ Yes _____ No
5. If this job requires you to travel, are you able to do so? _____ Yes _____ No

EMPLOYMENT DESIRED

_____	_____	_____
Position(s) Applying For	Date You Can Start	Salary or Hourly Rate Desired

1. Are you willing to work evenings, nights and holidays? _____ Yes _____ No
2. Would you like to work _____ Full Time _____ Part Time
3. Do you have any special licensing or certifications? _____ Yes _____ No

If Yes, Please list them: _____

4. List any skills or experiences that are relevant to the position you are applying for: _____

EDUCATION OR TRAINING

High School: _____ Years Completed: _____ Graduate: _____ Yes _____ No

Post High School: _____ Years Completed: _____ Graduate: _____ Yes _____ No

Other Training: _____

EMPLOYMENT HISTORY

Employer

Address

Phone Number

Job Title

Supervisor

Work or Duties Performed

Reason for Leaving

Employment Dates (beginning and ending)

May we contact this employer? Yes No

Employer

Address

Phone Number

Job Title

Supervisor

Work or Duties Performed

Reason for Leaving

Employment Dates (beginning and ending)

May we contact this employer? Yes No

Employer

Address

Phone Number

Job Title

Supervisor

Work or Duties Performed

Reason for Leaving

Employment Dates (beginning and ending)

May we contact this employer? Yes No

REFERENCES – Give the names of three persons not related to you, whom you have known for at least one year.

	Name	Address	Phone #	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PLEASE PRINT CLEARLY

Date Submitted: _____

Department: _____

Date Received: _____

Supervisor: _____

**Williston Parks and
Recreation District**

Position: _____

Please circle one of the following: 1 2 3

For Office Use Only.

BACKGROUND CHECK RELEASE FORM

In connection with my application for employment with you, I understand that investigative background inquiries are to be made on myself. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving record, credit information, criminal history, civil history and other experiences, as well as claims involving me in the files of insurance companies and worker's compensation claims.

First: _____ M.I. _____ Last: _____

Maiden, alias, or former names: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Drivers License Number: _____

State of Issuance: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of years lived at Current Address: _____

Must provide addresses for place of residence for minimum of previous 10 years

(Use additional sheet if necessary)

Previous Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of years lived at Previous Address: _____

"I authorize, without any reservation, any party or agency contacted by the Employer, or this employer's representative, to furnish the aforementioned information. With regard to the following disclosures, I hereby agree to release any person, company, governmental agency or other entity from any and all causes of action that otherwise might arise from supplying the Employer with information it may request pursuant to this Employment Background Check Information Release. I understand that any false answers or statements, or misrepresentations by omission, made by me on my employment application, this release or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed."

If desired, please explain any criminal records that will be found during our background check:

The expiration of this authorization shall be one year from the date of my signature:

Signature of Applicant: _____ Date: _____

Additional Address Sheet

Previous Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of years lived at Previous Address: _____

Previous Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of years lived at Previous Address: _____

Previous Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of years lived at Previous Address: _____

Previous Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of years lived at Previous Address: _____

Previous Address: _____

City: _____ State: _____ Zip: _____ Country: _____

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