



APPLICATION FOR EMPLOYMENT

PLEASE PRINT

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Cell: _____ Home: _____ Work: _____

Email: _____

Date of Birth: _____

EMPLOYMENT DESIRED - Please fill in or circle

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

PERSONAL INFORMATION - Please Circle

1. Are you legally authorized to work in the United States?	Yes	No
2. Are you less than 18 years of age?	Yes	No
3. If this job requires you to travel, are you able to do so?	Yes	No

EDUCATION OR TRAINING

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

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

Other Training: _____

****Positions in Williston Parks and Recreation District require a criminal background check. If an applicant is selected for an interview or for a position, a criminal background check will be completed. Prior criminal history may be considered in the selection process for a particular position based on the nature, time and seriousness of the conviction and its relevance to the position.****

EMPLOYMENT HISTORY

Employer	Address	Phone Number
Job Title	Supervisor	
Work Duties		
Reason for Leaving	Employment Dates	
May we contact this employer?	Yes	No

Employer	Address	Phone Number
Job Title	Supervisor	
Work Duties		
Reason for Leaving	Employment Dates	
May we contact this employer?	Yes	No

Employer	Address	Phone Number
Job Title	Supervisor	
Work Duties		
Reason for Leaving	Employment Dates	
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

For Office Use Only.

Date Submitted: _____

Department: _____

Date Received: _____

Supervisor: _____

Please circle one of the following: 1

2

3

Position: _____

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 Name: _____ M.I.: _____ Last Name: _____

Maiden, alias or former names: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Phone Number: _____

Email: _____

Driver's 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 a minimum of previous 10 years.

(use additional sheet if necessary)

Previous Address: _____

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

Number of years lived at this 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 this address: _____

Previous Address: _____

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

Number of years lived at this address: _____

Previous Address: _____

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

Number of years lived at this address: _____

Previous Address: _____

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

Number of years lived at this address: _____

Previous Address: _____

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

Number of years lived at this address: _____

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

Number of years lived at this address: _____
