

EDUCATION

	Name and Location of School	Course of Study	# Of Years Completed	List Degree/Diploma Completed
High School/GED			9 10 11 12	
Undergraduate College				
Vocational				
Graduate/Other				

List any skills or additional training you possess that may relate to the position for which you are applying.

Do you hold any professional licenses or certifications? If so, please list.

Are you currently CPR certified? Yes No Certification Expiration Date:

EMPLOYMENT HISTORY

List name of employers in consecutive order with present or most recent 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 may be contingent upon acceptable references from current and former employers.** (Please attach additional page if needed.) **You must complete this section even if attaching a resume.**

1.	Employer	Start Date	End Date	Summarize Work Performed /Duties
	Job Title			
	Employer City and State			
	Supervisor Name and Title			
	May we contact this employer? Yes No			
	Supervisor Phone Number and Email Address	Reason for leaving		
2.	Employer	Start Date	End Date	Summarize Work Performed /Duties
	Job Title			
	Employer City and State			
	Supervisor Name and Title			
	May we contact this employer? Yes No			
	Supervisor Phone Number and Email Address	Reason for leaving		
3.	Employer	Start Date	End Date	Summarize Work Performed /Duties
	Job Title			
	Employer City and State			
	Supervisor Name and Title			
	May we contact this employer? Yes No			
	Supervisor Phone Number and Email Address	Reason for leaving		
4.	Employer	Start Date	End Date	Summarize Work Performed /Duties
	Job Title			
	Employer City and State			
	Supervisor Name and Title			
	May we contact this employer? Yes No			
	Supervisor Phone Number and Email Address	Reason for leaving		

PROFESSIONAL REFERENCES

List below three persons who have knowledge of your work performance, preferably within the last 5 years, and are not relatives or friends:

1.	Name	Occupation
	Company Name	Address
	Telephone Number	E-Mail Address
	Years Acquainted	Relationship
2.	Name	Occupation
	Company Name	Address
	Telephone Number	E-Mail Address
	Years Acquainted	Relationship
3.	Name	Occupation
	Company Name	Address
	Telephone Number	E-Mail Address
	Years Acquainted	Relationship
4.	Name	Occupation
	Company Name	Address
	Telephone Number	E-Mail Address
	Years Acquainted	Relationship

PERSONAL REFERENCES

Required only for those applicants that cannot provide a Professional Reference as they do not yet have an employment history. List below two persons not related to you who have knowledge of your character preferably within the last 5 years

1.	Name	Occupation
	Company Name	Address
	Telephone Number	E-Mail Address
	Years Acquainted	Relationship
2.	Name	Occupation
	Company Name	Address
	Telephone Number	E-Mail Address
	Years Acquainted	Relationship

GENERAL INFORMATION

1.	Have you worked or attended school under any other name? If Yes, give name(s):	Yes	No
2.	Are you currently employed?	Yes	No
	May we contact you current employer?	Yes	No
3.	Have you ever been fired from a job or asked to resign?	Yes	No
4.	Are you able to perform the essential functions and duties of the job for which you are applying with or without accommodation?	Yes	No
5.	Consistent attendance and punctuality are essential requirements of every job with ERBM Recreation and Park District. Is there anything which would interfere with your regular attendance and punctuality if you are offered the position?	Yes	No

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

By signing, I am authorizing the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employer, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that:

1. I will be required to successfully pass an alcohol and/or drug screening examination. I hereby consent to a pre and/or post employment alcohol and/or drug screen as a condition of employment.
2. I will be required to successfully pass a complete pre-employment background and/or motor vehicle screening before and/or after an offer of employment is extended.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR OR BOARD OF DIRECTORS HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIC PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EXECUTIVE DIRECTOR OR BOARD OF DIRECTORS AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF EASTERN RIO BLANCO METROPOLITAN RECREATION AND PARK DISTRICT. I HAVE THE RIGHT TO END MY WORK RELATIONSHIP WITH THE DISTRICT, WITH OR WITHOUT ADVANCE NOTICE OR CAUSE. THE DISTRICT HAS THE SAME RIGHT.

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

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask Human Resources for details.