APPLICATION FOR EMPLOYMENT

Prospect Recreation & Park District 4198 Xenon Street Wheat Ridge. CO 80033 303.424.2346

COMPLETE ALL INFORMATION REQUESTED. AN INCOMPLETE OR ILLEGIBLE APPLICATION WILL NOT BE CONSIDERED. (INCLUDE SIGNATURE, DUTIES, COMPLETE DATES, HOURS PER WEEK)

PLEASE NOTE: Applications are considered only for current job openings. You must submit a separate, complete application for each position in which you are interested. Resumes may be attached to the completed application, but an application must be completed. A resume without an application will not be considered. Please print legibly.

POSITION FOR WHICH YOU ARE APPLYING:						
NAMELAST	FIRST	MI	SS#			
ADDRESSSTREET	CITY	STATE	E ZIP			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)						
HOME PHONE()	ALTERNATE CONTACT #()					

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL CITY AND STATE	MAJOR/MINOR OR TYPE OF COURSE	TYPE OF DEGREE ATTAINED	GRADUATED YES OR NO
HIGH SCHOOL GED				
COLLEGE				
GRADUATE SCHOOL				
TRADE/ TECH BUSINESS				
OTHER				

PLEASE CHECK THE APPROPRIATE RESPONSE PROVIDE ANY EXPLANATIONS IN THE SPACE BELOW, IDENTIFYING THE QUESTION NUMBER

YES	NO		
		1.	Can you provide proof of citizenship, or authorization to work in the United States?
		2.	Have you previously been employed by Prospect Recreation & Park District? If yes, list
			dates:
		3.	Are you at least 18 years of age? Birth date, if under 18 years of age
一		4.	If required on the position announcement, are you willing to take a polygraph
		4.	
		_	examination and have a background investigation?
		5.	Do you authorize employment history and reference checks?
		6.	If required on the position announcement, are you willing to work:
			• evenings?
			• weekends?
			• holidays?
			• overtime?
H			
		_	• shift work?
		7.	Driving a vehicle is an essential function of the job. Do you have a valid Colorado
			driver's license? (An offer of employment will be conditional upon review of MVR for
			past four years.) Class of License
PLEA	SE LIS	T OTH	ER SPECIFIC SKILLS/EDUCATION, I.E.: OFFICE EQUIPMENT, COMPUTER
			S, EQUIPMENT, VEHICLES OR TOOLS, OTHER TRAINING, CERTIFICATES OR
			ENSE OR CERTIFICATION IS REQUIRED, STATE LICENSE NUMBER). PLEASE
			HER INFORMATION YOU FEEL IS APPROPRIATE.
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Begin with current employer, including paid and/or volunteer experience. Explain any gaps in employment lasting more than two months. Complete all information requested; an incomplete application will not be considered. 1. EMPLOYER_____ PHONE (ADDRESS CITY STATE ZIP
FROM (mo./yr.) TO (mo./yr.) HRS/WK POSITION TITLE SALARY SUPERVISOR'S NAME REASON FOR LEAVING DUTIES **2.** EMPLOYER_____PHONE ()_____ ADDRESS_____CITY___STATE__ZIP____ FROM (mo./yr.) TO (mo./yr.) HRS/WK POSITION TITLE SALARY_ SUPERVISOR'S NAME REASON FOR LEAVING DUTIES 3. EMPLOYER PHONE (ADDRESS CITY STATE ZIP_____ FROM (mo./yr.)______TO (mo./yr.)_____HRS/WK____ POSITION TITLE SALARY_ SUPERVISOR'S NAME REASON FOR LEAVING DUTIES **4.** EMPLOYER______ _____PHONE (ADDRESS CITY STATE ZIP FROM (mo./yr.) TO (mo./yr.) HRS/WK POSITION TITLE SALARY SUPERVISOR'S NAME REASON FOR LEAVING DUTIES

EMPLOYMENT HISTORY CONTINUED

5. EMPLOYER		PHONE ()		
5. EMPLOYERADDRESS	CITY	STATE	ZIP		
FROM (mo./yr.)	TO (mo./yr.)		HRS/WK		
POSITION TITLE	SA	ALARY			
SUPERVISOR'S NAME	REA	REASON FOR LEAVING			
					
DUTIES					
6. EMPLOYER		PHONE ()		
6. EMPLOYERADDRESS	CITY	STATE	ZIP		
FROM (mo./yr.)	TO (mo./yr.)		HRS/WK		
POSITION TITLE	Sz	ALARY			
SUPERVISOR'S NAME	REA	ASON FOR LEAV	ING		
DUTIES					
ADDITIONAL EMPLOYMENT HI	STORY SHEETS ARE AVAIL OTHER EMPLOYMENT		QUEST TO INDICATE		
WE ARE	AN EQUAL OPPORTUNIT	Y EMPLOYER.			
Signature		Date			