

# Application for Employment



Notify the person who gave you this form if you need help completing the form or have questions during any stage of the employment process. Every effort will be made to accommodate your needs.

**APPLICANT INSTRUCTIONS:** Please complete all four pages of this application. DO NOT COMPLETE ANY ADDITIONAL ATTACHED FORMS UNTIL INSTRUCTED TO DO SO.

- Answer all appropriate questions accurately and completely.
- **Print clearly except for signature.** Incomplete or illegible applications will not be processed.
- Write "NOT APPLICABLE" rather than leaving an answer blank.
- Provide requested information only.
- Use the comments section if you need more space.
- Failure to follow these instructions may result in disqualification of your application.

Position Applying for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

### Current Address

Current Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you lived at your current residence? \_\_\_\_\_

### Contact Information

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address\*\*: \_\_\_\_\_

*APPLICANT NOTICE: This is not an employment contract. This form will be used to evaluate your qualifications for employment. False or misleading answers or statements made on this form or during an interview are grounds for terminating the application process or, if discovered after employment, terminating employment. We intend for all qualified applicants to be given equal opportunity and that selection decisions be based on job-related factors. None of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. We do not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, creed, military reserve membership, ancestry, disability, or any other status protected by law or regulation. Testing for job-related skills may be required prior to or during employment, depending on the requirements of the job.*

### Additional Information

Please list any other names or social security numbers you have used in the past and the approximate dates you used them : \_\_\_\_\_

\_\_\_\_\_

- Yes  No If hired, can you provide proof that you are eligible to work in the United States?
- Yes  No Are you 16 years of age or older? (If you are hired, you may be required to submit proof of age)
- Yes  No Have you ever applied here before? If yes, when? \_\_\_\_\_
- Yes  No Were you ever employed here? If yes, when? \_\_\_\_\_
- Yes  No Have you ever been convicted of a crime? If so, please provide details below, including the county in which you were convicted. Include any plea of "guilty" or "no contest" but exclude any minor traffic violations. A conviction will not necessarily disqualify you from employment. \_\_\_\_\_

\_\_\_\_\_

**Availability**

When can you start your employment? \_\_\_\_\_

What schedules are you available to work?  Weekdays  Weekends  Mornings  Afternoons  Evenings  Other

Which department(s) are you applying for?  Aquatics  Athletics  Cultural Arts  Fitness/Wellness  Front Desk  
 Maintenance/Custodial  Nursery

**Job Related Skills \*\* DO NOT FILL OUT THE FIRST THREE QUESTIONS UNTIL THE TIME OF YOUR INTERVIEW \*\***

Yes  No \* Have you been given a job description or had the essential functions of the job described to you?

Yes  No \* Do you understand these essential functions?

Yes  No \* Can you perform these essential functions with or without reasonable accommodation?

Yes  No If required for the job, do you have the appropriate valid driver's license?

Name on license: \_\_\_\_\_ DL#: \_\_\_\_\_ State of Issue \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company: \_\_\_\_\_

**Certifications**

Yes  No Are you certified in CPR? If so, what is the expiration date? \_\_\_\_\_

Yes  No Are you certified in First Aid? If so, what is the expiration date? \_\_\_\_\_

Yes  No Do you have any other certifications? (Lifeguarding, WSI, Teaching Certificates, etc.) If so, please list them below:

Other Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Nursery/School Age Programs Only**

**IMPORTANT!** Complete this section only if you are applying to work in the Nursery or with school age children in other departments (ages 3 months – 17 years). This information is necessary for bona fide job qualifications and other legally permissible reasons.

If under 26 years of age, please give your date of birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Yes  No Have you ever been convicted of child abuse?

Yes  No Have you ever had or are you being treated for Hepatitis or Tuberculosis? If yes, describe: \_\_\_\_\_

**Employment in child care programs, by law, requires fingerprinting and a background investigation.**

**Full and Part Time Education \* DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE TO BE NON-JOB RELATED \***

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If school records are listed under a different name(s) than your current name, please list those names: \_\_\_\_\_

Name	City/State	Graduated	Degree Type
High School:		Y N	
College:		Y N	
Other:		Y N	
Other:		Y N	

## Employment Information - Most Recent Employer

To expedite the processing of your application, the full company name and address are essential.

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Job Title (start): \_\_\_\_\_ (end): \_\_\_\_\_

Salary (start) \$: \_\_\_\_\_ (end) \$: \_\_\_\_\_  Hourly  Weekly  Monthly  Temporary or Contract Laborer

Are you still employed by this employer?  Yes  No **May we contact?**  Yes  No

If no, reason for leaving: \_\_\_\_\_

If you worked at this employer through a temporary agency, please complete the following: Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Previous Employers

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Job Title (start): \_\_\_\_\_ (end): \_\_\_\_\_

Salary (start) \$: \_\_\_\_\_ (end) \$: \_\_\_\_\_  Hourly  Weekly  Monthly  Temporary or Contract Laborer

Reason for leaving: \_\_\_\_\_ **May we contact?**  Yes  No

If you worked for this employer through a temporary agency, please complete the following: Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Job Title (start): \_\_\_\_\_ (end): \_\_\_\_\_

Salary (start) \$: \_\_\_\_\_ (end) \$: \_\_\_\_\_  Hourly  Weekly  Monthly  Temporary or Contract Laborer

Reason for leaving: \_\_\_\_\_ **May we contact?**  Yes  No

If you worked for this employer through a temporary agency, please complete the following: Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Job Title (start): \_\_\_\_\_ (end): \_\_\_\_\_

Salary (start) \$: \_\_\_\_\_ (end) \$: \_\_\_\_\_  Hourly  Weekly  Monthly  Temporary or Contract Laborer

Reason for leaving: \_\_\_\_\_ **May we contact?**  Yes  No

If you worked for this employer through a temporary agency, please complete the following: Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Professional References \* DO NOT INCLUDE RELATIVES OR EMPLOYERS LISTED ABOVE \***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_  
City/State: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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City/State: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that I have read and understand the APPLICANT NOTE on the first page of this form and that all information provided in this employment application and all statements made by me are true and complete. I understand that any false or misleading answers, omissions or misrepresentations of facts, whether on this document or not, may disqualify me from further consideration for employment, termination of the application process or, if discovered later, discharge at any time during my employment.

I authorize the Arapahoe Park and Recreation District to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies and the Arapahoe Park and Recreation District from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release can be used for all purposes.

I understand that if I am extended an offer of employment it will be conditioned upon my successfully passing a complete background investigation. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, corporation, law enforcement agency, credit bureau, courts record repository, department of motor vehicles, past or present employer, educational institution, governmental occupational licensing or registration entity, business or personal references and any other source required to verify information that I have voluntarily supplied or 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 for any damage whatsoever issuing this information. Medical and Workers Compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT OR A GUARANTEE OF EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date