

SPECIAL SKILLS:

Typing: _____ w.p.m.

Shorthand _____ w.p.m.

What Office Machines do you operate? _____

What Mechanical Equipment do you operate? _____

What computer programs are you proficient in? _____

List any special skills, required licenses, or professional registration(s.) Include type of license/registration, state, number and expiration date. Summarize other special job-related skills and qualifications:

1. Have you ever been employed by the Jurupa Area Recreation and Park District? Yes No

If yes, month/year _____ to month/year _____

2. Do you have any relatives currently employed by JARPD? Yes No

Please furnish name, relationship and department. _____

3. Have you ever been dismissed/released from employment or have you ever resigned to avoid discharge? Yes No

Please explain: _____

4. Can you perform the essential functions listed in the job description of the job for which you have applied? Yes No

If no, what reasonable accommodations would allow you to perform the essential functions? _____

Job Title: _____	From: _____	To: _____	Total (Years & Months): _____
Address: _____	City: _____	State: _____	Zip: _____
Name of Organization: _____	Name & Title of Supervisor: _____	Phone: _____	
Number of Employees you supervised: _____			
Hours worked per week: _____	Specific Duties: _____		
Reason for Leaving: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why? _____		

Job Title: _____ From: _____ To: _____ Total (Years & Months): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of Organization: _____ Name & Title of Supervisor: _____ Phone: _____
 Number of Employees you supervised: _____
 Hours worked per week: _____ Specific Duties: _____

 Reason for Leaving: _____
 May we contact this employer? Yes No If no, why? _____

Job Title: _____ From: _____ To: _____ Total (Years & Months): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of Organization: _____ Name & Title of Supervisor: _____ Phone: _____
 Number of Employees you supervised: _____
 Hours worked per week: _____ Specific Duties: _____

 Reason for Leaving: _____
 May we contact this employer? Yes No If no, why? _____

Certificate of Applicant: I hereby certify that all information in this application is true and correct. I understand employment is conditional upon successfully completing the physical exam, fingerprint and background check. Any false statement, omission or incomplete information may result in the rejection of my application, removal from the eligibility list or discharge from employment. I authorize the investigation of all statements contained in this application form regarding previous employers, personal references or any other information contained herein by representatives for the Jurupa Area Recreation and Park District. I further understand that if I shall be employed, my employment will be on a probationary basis and either party may terminate the work relationship during my probationary period for any reason. I understand that if employed, I will be required to show proof of U.S. Citizenship or the legal right to work in the United States.

Print Name Signature Date