



Conejo Recreation & Park District

403 W. HILLCREST DRIVE, THOUSAND OAKS, CA 91360 OFFICE: (805) 495-6471 FAX: (805) 497-3199

APPLICATION FOR CONTRACT EMPLOYMENT

(EXACT TITLE AS SHOWN ON JOB BULLETIN)

PERSONAL INFORMATION

NAME		SOCIAL SEC. NO. (optional)	
CURRENT ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		
EMAIL ADDRESS			
DRIVER'S LICENSE NO.	STATE	EXPIRES	TYPE
DO YOU HAVE ANY RELATIVES WORKING FOR CONEJO RECREATION AND PARK DISTRICT?		YES	NO
IF YES, NAME:		WHICH DIVISION?	

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE / GED CERTIFICATE?		YES	NO
IF NO, HIGHEST GRADE COMPLETED:			
COLLEGE, BUSINESS OR TRADE SCHOOLS ATTENDED Name & Location (City)	COURSE OF STUDY	CREDIT COMPLETED	DEGREE
	Major	# Credits _____	Yes No Type _____
	Major	# Credits _____	Yes No Type _____
	Major	# Credits _____	Yes No Type _____

ADDITIONAL INFORMATION

PROFESSIONAL TRAINING, CONFERENCES AND WORKSHOPS ATTENDED RELATED TO THE POSITION *(use separate sheet if necessary)*.

PROFESSIONAL OR TRADE LICENSE, CERTIFICATES OR REGISTRATIONS:

TYPE: _____ LICENSE NO.: _____ STATE: _____ EFFECTIVE DATE: _____ FROM: _____ TO: _____

A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION

EMPLOYMENT HISTORY

LIST ALL PERIODS OF EMPLOYMENT FOR THE LAST TEN YEARS, BEGINNING WITH THE MOST RECENT. INCLUDE VOLUNTEER, MILITARY, OR OTHER SPECIAL EXPERIENCE IF APPLICABLE (*attach additional sheets as necessary*).

EMPLOYER			JOB TITLE
ADDRESS	Mo FROM Yr	Mo TO Yr	DUTIES
CITY	FULL TIME PART TIME VOLUNTEER HOURS WORKED/VOLUNTEERED PER WEEK _____		
STATE ZIP			
TELEPHONE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT? WHY NOT?

EMPLOYER			JOB TITLE
ADDRESS	Mo FROM Yr	Mo TO Yr	DUTIES
CITY	FULL TIME PART TIME VOLUNTEER HOURS WORKED/VOLUNTEERED PER WEEK _____		
STATE ZIP			
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STATE ZIP			
TELEPHONE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT? WHY NOT?

CERTIFICATION OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY RESULT IN TERMINATION OF THE CONTRACT. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

SIGNATURE _____

DATE _____