



Conejo Recreation & Park District

APPLICATION FOR SUMMER 2020 CONTRACT POSITION

Please check the boxes of jobs of interest:

Recreation Aide – Community Centers

Gym Attendant – Community Centers

Recreation Leader – Community Centers

Therapeutic Recreation Summer Camp for Children with Disabilities

Comments/Other: _____

Submit completed application to Human Resources, Conejo Recreation & Park District

403 W. Hillcrest Drive, Thousand Oaks, CA 91360 805-495-6471

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: (as of June 2020)			
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: _____

AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER

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	
CITY		TO Yr	DUTIES	
STATE	ZIP	FULL TIME PART TIME VOLUNTEER HOURS WORKED/VOLUNTEERED PER WEEK _____		
TELEPHONE				
SUPERVISOR				
REASON FOR LEAVING				MAY WE CONTACT?

EMPLOYER			JOB TITLE	
ADDRESS	Mo	FROM Yr	Mo	
CITY		TO Yr	DUTIES	
STATE	ZIP	FULL TIME PART TIME VOLUNTEER HOURS WORKED/VOLUNTEERED PER WEEK _____		
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TELEPHONE				
SUPERVISOR				
REASON FOR LEAVING				MAY WE CONTACT?

CERTIFICATION OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION OR RESULT IN TERMINATION OF THE CONTRACT IN THE EVENT THE CONEJO RECREATION AND PARK DISTRICT CONTRACTS FOR MY SERVICES. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

SIGNATURE _____

DATE _____