



**Mendocino Coast Recreation & Park District**  
**100 N. Main Street Fort Bragg CA 95437**  
**Phone 707-409-0760**

**APPLICATION FOR EMPLOYMENT – AN EQUAL OPPORTUNITY EMPLOYER**

The Mendocino Coast Recreation & Park District (MCRPD) maintains a policy of the treating of all employees and applicants for employment without regard to race, color, creed, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation or affectional preference, citizenship or any other characteristic protected by law in all employment decisions, including but not limited to recruitment, hiring, compensation, training, apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off, termination and all other terms and conditions of employment.

Last Name:	First:	Middle:
_____		
Mailing Address: _____		
Physical Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone: _____ How long have you lived here? _____		

Please list addresses for last 10 years:
1. _____
2. _____
3. _____
4. _____

Languages Spoken Fluently (if relevant to the position for which you are applying):
1. _____ 2. _____ 3. _____

Position Applying For: _____	Date Available: _____
Are you presently employed?	Yes _____ No _____
If yes, may we contact your present employer?	Yes _____ No _____

How did you hear of the job opening for which you are applying? _____
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Were you ever previously employed by either MCRPD? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, From: \_\_\_\_\_ To: \_\_\_\_\_

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Do you currently have unrestricted work authorization allowing you to accept employment in the United States?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

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In the event of an emergency, whom may we contact?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Are you willing to work evenings? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

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Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

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Can you, with or without reasonable accommodation, perform the essential functions of the position in which you are interested? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Level	Name and Address of School	Course of Study	Years Attended	Circle last Year Completed	Did you Graduate?	List Diploma or Degree
High School						
Technical or Business				1 2 3 4		
College				1 2 3 4		
Graduate				1 2 3 4		

Professional memberships and Volunteer information: (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations). Supplement this information by written attachment if applicable. \_\_\_\_\_  
 Please list any paid or volunteer experience in your community. \_\_\_\_\_

**EMPLOYMENT HISTORY (START WITH PRESENT AND ATTACH ADDITIONAL SHEETS (IF NECESSARY))**

Name			Describe Duties Performed:		
Address:			Title:		
Type of Business		Phone Number			
Employed (Mo./Yr.)	From	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

Name			Describe Duties Performed:		
Address:			Title:		
Type of Business		Phone Number			
Employed (Mo./Yr.)	From	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

Name			Describe Duties Performed:		
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Address:		Title:		
Type of Business		Phone Number		
Employed From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

<b>MILITARY RECORD</b>				
Were you in the U.S. Armed Forces? No _____ Yes _____ Branch: _____				
From: _____ To: _____				
List duties in service, including special training: _____				
_____				

*If you have any additional educational, vocational and/or professional information, such as special areas of research or study, training, seminars, licenses, certifications etc., or a current resume please attach such information that is relevant to your application.*

I certify that all the information submitted by me on this application is true and complete, and I understand that any false information or omissions will lead to rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omissions are discovered.

My signature below certifies that I understand that if I am extended an offer of employment by the **Mendocino Coast Recreation & Park District** my employment is contingent upon satisfactory completion of a medical examination (if applicable to the position for which you are applying), including a drug test (if applicable to the position for which you are applying), and submission of proof that I have the credentials and/or licenses (if relevant) necessary for the position that I am offered.

I understand that this application is only valid for the position applied for at present and that the MCRPD is not obligated to retain or consider this application for future openings.

**Applicant Signature:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_