



APPLICATION FOR EMPLOYMENT

2950 PERALTA OAKS COURT, OAKLAND, CA 94605-0381 • (510) 544-2154 • www.ebparks.org

Type or print clearly (in black or blue ink only); answer all items; enter "N/A" if the item does not apply to you. Do not substitute a resume. Applicants needing special accommodations during the exam process may contact Human Resources by calling (510) 544-2154.

TODAY'S DATE	TITLE OF POSITION	DATE AVAILABLE FOR WORK
Your Last Name	First	Middle
Your Address	Street	Apt.
City	State	Zip
Home Telephone # / Mobile Telephone #		Work Telephone #

For Human Resources Dept. Use Only – Date Stamp

Do you have a valid California Driver's License? Yes No

Class: _____ License #: _____ Expires: _____

Do you have a valid Driver's License from another state? Yes No

Class: _____ License #: _____ State: _____ Expires: _____

First Aid Certificate? Yes No CPR? Yes No

If you are under final consideration for this position, may we contact your present and previous employers?

Yes No Signature _____

Have you ever worked under another name(s)? Yes No Name(s): _____

1. Have you previously applied for employment with the East Bay Regional Park District? Yes No
2. Have you ever been employed with the East Bay Regional Park District? Yes No
3. Do you have any relative currently employed by the East Bay Regional Park District?..... Yes No
4. Have you ever been discharged or forced to resign from any job?..... Yes No
5. Has your drivers license ever been suspended or revoked?..... Yes No
6. Have you ever been convicted by any court of a felony or misdemeanor, or entered a guilty or nolo contendens plea?..... Yes No
7. Have you ever been convicted by any court of an offense involving child molestation, or entered a guilty or nolo contendens plea? Yes No
(Fingerprints may be checked)
8. Will you accept seasonal, part-time or temporary employment? (if yes, indicate days/hours of availability below) Yes No
9. Do you have proficiency in any language other than English?..... Yes No
10. Can you prove U.S. citizenship or legal authority to work in the U.S.A.? Yes No
(Immigration Reform & Control Act: prior to or on the first day of employment, you will be required to submit verification of your legal right to work in the United States.)

If you answer "YES" to any of the above except #10, please indicate question number below and explain in the space provided below. All responses will be evaluated in job-related terms only.

EDUCATION

Do you have a high school diploma? Yes No OR Do you have a G. E. D. or equivalent? Yes No

Name, City & State of High School: _____

Name, City & State of Colleges/Universities Attended	Units Completed		Course of Study/Major	Type of Degree	Date Diploma/ Degree Completed
	Semester	Quarter			
Other Relevant Courses and Training	Name and Location of Institution		Length of Course	Date Ended	
Professional License or Certificate, If Required	Serial Number	Date Issued		Expiration Date	

FOR EBRPD USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE

11. EXPERIENCE List your present or most recent employment FIRST and account for all time periods during the last ten years or more as needed. Be sure to list each change in title or promotion separately. If you need more space, attach additional sheets. Be sure that all questions are answered. DO NOT SUBSTITUTE A RESUME FOR THIS APPLICATION FORM.

a.

Dates of Employment (Month/Year) From: _____ To: _____	Exact Title of Your Position	Salary \$ _____ Per _____	Hours Per Week _____
Name of Firm or Organization	Address of Employer	Telephone _____	
Name and Title of Supervisor	No. of Employees You Supervised _____	Reason for Leaving _____	
Describe Your Duties			

b.

Dates of Employment (Month/Year) From: _____ To: _____	Exact Title of Your Position	Salary \$ _____ Per _____	Hours Per Week _____
Name of Firm or Organization	Address of Employer	Telephone _____	
Name and Title of Supervisor	No. of Employees You Supervised _____	Reason for Leaving _____	
Describe Your Duties			

c.

Dates of Employment (Month/Year) From: _____ To: _____	Exact Title of Your Position	Salary \$ _____ Per _____	Hours Per Week _____
Name of Firm or Organization	Address of Employer	Telephone _____	
Name and Title of Supervisor	No. of Employees You Supervised _____	Reason for Leaving _____	
Describe Your Duties			

CERTIFICATION OF APPLICANT – THIS APPLICATION MUST BE SIGNED.

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that misrepresentation of information may cause me to forfeit all rights to employment with the East Bay Regional Park District. I authorize the release of any information to verify the statements made in this application to the East Bay Regional Park District or its duly authorized agents. I understand that employment is contingent upon my providing verification of my identity and legal right to work in the United States. I understand that only applicants meeting the announced requirements will be further processed. I further understand that in the event that large numbers of qualified individuals apply, only those selected as the best qualified for the job in question will be further processed. Finally, I understand that background checking will need to be done, in accordance with State law, and this may require fingerprint record checks. I waive my right to receive a copy of any public record received during the course of said background check. My signature below indicates I accept all the preceding conditions as stated.

SIGNATURE _____ DATE _____

HOW DID YOU LEARN ABOUT THIS JOB OPENING?

- | | | |
|---|--|--|
| <input type="checkbox"/> EBRPD Bulletin Board | <input type="checkbox"/> EBRPD JobLine (1-888-EBPARKS) | <input type="checkbox"/> EBRPD Employee |
| <input type="checkbox"/> Friend/ Relative | <input type="checkbox"/> EBRPD Human Resources Dept/ Walk-in | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> EBRPD Web site (www.ebparks.org) | <input type="checkbox"/> www.CalOpps.org | <input type="checkbox"/> Other Web site: _____ |

IF ONE OF THE FOLLOWING, PLEASE SPECIFY:

Bulletin—Public Office other than EBRPD _____ School _____
 Newspaper _____ Publication _____
 Organization or Group _____ Other _____



APPLICANT IDENTIFICATION SURVEY

The East Bay Regional Park District is an Equal Opportunity Employer.

In order to comply with United States Government Equal Employment Opportunity requirements, we ask all applicants to **voluntarily** complete this form. The data collected will be used for statistical purposes only. Refusing to provide this information will not have any impact on your application.

Upon receipt by the Human Resources Division, this form will be immediately detached from your application packet and kept in a separate confidential file.

Exact Title of Position you are applying for: _____ **Date:** _____

Gender: Male Female

Age: Under 18 18 – 39 40+

Race/Ethnicity Identification (Please select one):

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Thank you for your cooperation.