|  |  |
| --- | --- |
| **NAME:** | **DATE:** |
| **ADDRESS:** | **CITY:** | **STATE:** | **ZIP:** |
| **HOME PHONE:** | **CELL PHONE:** |
| **REFERRED BY:** |

|  |
| --- |
| **Special Training/Skills** |
| **Special Study/Research** |
| **Military Service** | **Rank** |

|  |  |  |
| --- | --- | --- |
| **POSITION(s) APPLYING FOR** | **DATE YOU CAN START****DESIRED WAGE** | **IS THIS YOUR FIRST JOB?** **Yes / No** |
| **Have you previously applied to or ever been an employee of MRD?****Yes / No IF YES WHAT POSITION: DATES OF EMPLOYMENT:** |
| **Are you currently employed?** **Yes / No****Employer Name:** | **May we contact current employer?** **Yes / No** | **Are you legally authorized to work in the U.S.?** **Yes / No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name & Location** | **Yrs.****Attended** | **Graduation Date** | **Subjects Studied** |
| **High School** |  |  |  |  |
| **College** |  |  |  |  |
| **Other Education** |  |  |  |  |

**Montrose Recreation District
EQUAL OPPORTUNITY EMPLOYER**Employment Application

**EDUCATION HISTORY**

 **GENERAL INFORMATION**

**PERSONAL INFORMATION**





**Past/Present Employers (please list last 3 jobs most recent first)**

**Montrose Recreation District
EQUAL OPPORTUNITY EMPLOYER**Employment Application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Worked To/From** | **Employer Name & Address** | **Wage Earned** | **Position** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**REFERENCES (List 3 people NOT related to you whom you have known for at least 1 year**

**A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Business** | **Years** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**AUTHORIZATION**
“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

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Applicant Signature Date**