



PARK & RECREATION DISTRICT
 13150 W. 72ND AVENUE, ARVADA, CO 80005
 303/424-2739 • WWW.APEXPRD.ORG

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Accessible Employer

Apex Park & Recreation District is a quasi-municipal special district responsible for parks and recreation services in Northern Jefferson County. **The District is not connected with the City of Arvada nor Jefferson County.**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status or disability. It is our intention that all qualified applicants be given equal opportunity and that selection will be made based upon the best candidate for the position.

Please answer each question fully and accurately. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application.

Position(s) you are interested in: _____ Today's Date _____

Are you seeking Full-time Part-time Temporary employment? When could you start? _____

_____ Last Name First Name Middle Name Telephone Number

_____ Present Street Address City State Zip Code

_____ Email Address

Are you 18 years of age or older? Yes No If under 18 please state age. _____

If hired you are required to submit proof of age.

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

Have you ever worked for the District before? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No

If yes, give details (A yes answer does not automatically disqualify you from employment.): _____

For Drivers' jobs only: Do you have a valid drivers license? Yes No License No. _____ Class of license _____

Have you had your driver's license revoked in the last 3 years? (If hired, a current DMV report is required.) Yes No

If yes, please give details. _____

EDUCATIONAL BACKGROUND:

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
Graduate School	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
College/ University	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Business/ Trade Technical	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
High School or GED	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

List names of employers in consecutive order with present employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS		
CITY, STATE, ZIP CODE		
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
DATES OF EMPLOYMENT: FROM		TO
PAY: START \$		FINAL \$

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS		
CITY, STATE, ZIP CODE		
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
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DATES OF EMPLOYMENT: FROM		TO
PAY: START \$		FINAL \$

Are you presently employed?Yes No

If yes, may we contact your present employer?Yes No

Have you ever been fired from a job or asked to resign?Yes No

If yes, please explain: _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre or post employment drug screen.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____