

CITY OF PLACERVILLE RECREATION & PARKS DEPARTMENT

549 Main Street, Placerville, CA 95667
Phone: (530) 642-5232 Fax: (530) 642-5236

2022 ADULT SOFTBALL SUPPLEMENTAL APPLICATION

Please complete this application and return it along with a City application.

Date: _____

Name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Please check the best contact number: Home: ____ Cell: ____

Do we have your permission to send you text messages? (yes/no) _____

Email Address: _____

1. Why do you want to work for the Recreation Department this season? What can you contribute to the adult softball program?

3. Staff members are scheduled to work Sundays through Fridays (April through October 2022). Please indicate dates and times of any vacation, other jobs, sports, or other special activities in which you will be involved which would interfere with this work schedule. **Please note:** Any dates not listed below might not be granted later in the season. If you don't know exact dates yet, please just provide an estimate.

4. **Additional comments:** Please use the space below to share any additional information we should be aware and/or any suggestions you have for the adult softball program.

5. **Acknowledgment:** By entering your name below, you are signing your application, affirming that all of the information contained herein is accurate to the best of your knowledge:

Signature of Applicant: _____ Date: _____

Thank you for applying to work for the Placerville Adult Softball program.
Please submit your completed supplemental application along with a City application
to the Recreation Department (549 Main Street, Placerville, CA 95667)



Application for Employment

We welcome your interest in City service and we consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. **Any false, incomplete or incorrect statements on this application form may result in disqualification of the applicant or dismissal from employment.**

Please Print

Position(s) Applied For: _____ Date of Application: _____

How did you learn about this recruitment? Please specify: ☐ Newspaper advertising ☐ Word of Mouth
☐ City Web Page ☐ Friend/Relative ☐ Walk-In Other _____

| Last Name | First Name | Middle Name | | |
|---------------------|------------|------------------------|-------|----------|
| Address Number | Street | City | State | ZIP Code |
| Telephone Number(s) | E-Mail | Social Security Number | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No
If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Are you legally eligible for employment in this country?
(Proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

Date available for work _____/_____/_____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

If your position requires you to drive, do you have a valid California Driver's license? ☐ Yes ☐ No

NOTE TO APPLICANTS: Please do not respond to this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?
☐ Yes ☐ No

Educational Background

| Name/Location | Years Completed | Graduate? | Course of Study | Degree? |
|-----------------------|-----------------|-----------|-----------------|---------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other | | | | |

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | |
|--------------------|----------------|-------------|----------------|
| Employer | Employed From: | Employed To | Work Performed |
| Address | | | |
| Job Title | Supervisor | | |
| Reason for Leaving | | | |
| Employer | Employed From | Employed To | Work Performed |
| Address | | | |
| Job Title | Supervisor | | |
| Reason for Leaving | | | |
| Employer | Employed From | Employed To | Work Performed |
| Address | | | |
| Job Title | Supervisor | | |
| Reason for Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

Indicate any foreign language you can speak, read and/or write

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

Date: _____ Signature: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please advise us if you need assistance or accommodation in the application/hiring process.

WE ARE PROUD TO BE A DRUG FREE WORKPLACE

Screening tests for drug use may be required as a condition of employment.