



An Equal Opportunity Employer

# CITY OF ANTIOCH

## Parks and Recreation

### Employment Application

Parks and Recreation Department  
 P.O. Box 5007  
 4703 Lone Tree Way  
 Antioch, CA 94531  
 (925) 776-3050  
 Visit our website at:  
 www.ci.antioch.ca.us

**PLEASE TYPE OR PRINT IN INK**

Incomplete or illegible applications may be rejected. All statements are subject to verification. Incorrect statements could result in loss of employment rights or a job.

**Office Use Only**

- Accepted
- Rejected

Position applying for \_\_\_\_\_

Name

Last

First

Middle

Mailing

Number

Street

City

State

Zip

Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Driver's License No. \_\_\_\_\_

List any other names under which your work or education records may be filed:

Can you, after employment, submit proof of your legal right to work in the United States?    Yes    No

Are you at least 18 years of age?    Yes    No    If no, can you submit, after employment, a work permit?    Yes    No

Are you currently an active member of California Public Employees' Retirement System (CalPERS)?    Yes    No

Have you ever lived outside of the State of California?    Yes    No

Are you related to any current City of Antioch employee?    Yes    No

If yes, provide the employee's name and their relationship to you: \_\_\_\_\_

### EDUCATION & TRAINING

Circle Highest Grade Completed    8    9    10    11    12    G.E.D.    College    1    2    3    4    Grad Work?    Yes    No

Colleges or Universities attended	Location	From	To	Units Completed Sem.    Qtr.	Degree	Year

**SPECIAL QUALIFICATIONS - List licenses, certificates and/or registrations required for this job.**

<u>TITLE</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES</u>	<u>NUMBER</u>

Continued on Reverse

## EMPLOYMENT RECORD

Begin with present or most recent position. List work record for the past ten (10) years, and include any other pertinent experience.  
**THIS SECTION MUST BE COMPLETED.** A resume may be attached, but does not substitute for completing this section.

FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. (     )	Reason for leaving:	
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. (     )	Reason for leaving:	
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. (     )	Reason for leaving:	
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. (     )	Reason for leaving:	
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. (     )	Reason for leaving:	

May we contact your present employer?      Yes      No

I hereby certify that all statements made herein or otherwise by me in applying for a position of employment with the City of Antioch are true and correct. I understand and agree that my misstatement or omission of material fact will cause forfeiture of my rights to employment by the City of Antioch. I understand that employment is contingent upon my provision of written verification of my identity and legal right to work in the United States.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_