

EMPLOYMENT APPLICATION

INSTRUCTIONS

- Complete all sections of form.
- 2. Print or typewrite.
- 3. Additional information may be attached.
- 4. Return to:
 jobs@ncrposd.org
 or, if you must, snailmail to:
 Napa Open Space District
 1195 Third Street, Second Floor
 New Colliferation, ASSO

Pos	Position Applied For State exact job title									
1.	Name - Last		First	Middle	9					
2.	Address - Street			City		State Zip C	ode			
3.	PHONE Mob	ile			4.	Social Security Number				
	Home Emergency					5. Email Address				
6. Do you possess a valid California Driver's License? Yes No Expires Driver's License Number Class A B C C 8. Please answer only if the job announcement for the position for which you are aplying requires citizenship or minimum age.										
9.	U.S. Citizen Yes No Birthdate 9. Answer the following questions by placing an "x" in the YES or NO column. If you answer "YES" to any question, give additional information below in No. 10.									
Α.				ublic Employees Retirement System? If yes						
В.	Were you ever discharged, re Explain in No. 10.	eleased	l during	probation, or have you resigned under pres	ssure	e or unfavorable circumstances from any employment?				
C.	Are you now, or have you been employed by the County of Napa or California State Parks? Explain in No. 10.									
D.	D. Are you related by blood or marriage to any person presently employed by the Napa Open Space District or the County of Napa? If yes, list name, department, and relationship in No. 10.									
10. Use this space or an attachment for details regarding any "YES" answers to A, B, C, D above or for other supplementary information.										
11.	WILL YOU ACCEPT:	YES	NO	ниі	MA	N RESOURCES DEPT. USE ONLY				
(a)	Permanent Part-Time Work? (less than 40 hrs. per week)			Application Accepted: Rejected: Failed application revieviled after Deadline	W	☐ Yes ☐ No ☐ Educ. ☐ Exp. ☐ Lic./Cert. ☐ Insuff. Info.				
(b)	Temporary, Extra Help Work? (whenever needed)			Failed Test ☐ Written Referral: Employee Request No.		Oral □ Perf.				
(c)	Evening/Night Work?			Comments:						
(d)	Saturday/Sunday Work?					Date of Rece	eipt			
12.	CERTIFICATE OF APPLICATION	ON (Re	ad care	fully before signing.)						
				n this application are true to the best of my all rights to any employment in the service		wledge, and I agree and understand that any misstatement one Napa Open Space District.	of materia	al facts		

Signature _______Date____

		EDUCATION AND EX	PERIENCE								
	Please read the	qualification section of the job ann		completing this	side.						
13. Education	13. Education High School Graduate No If no, indicate highest grade completed Passed High School Equivalency Test or GED No										
A. Name & location	of college/university/	Study or major	Semester	Quarter	Degree received	Date completed					
other scho	pols		units	units							
	professional or vocational s. Include effective and ex	competence, licenses and/ or mer kpiration dates.		4. In addition to English, I can fluently: Speak Read Write							
					Language(s)						
which you believe helps y experience with "VOLUN	ou meet the requirements TEER" written in the space	cluding military service you feel qua of the classification for which you following salary. Provide details oj ccepted in lieu of completing this s	are applying, showi f the duties relevant	ng actual time (i	number of hours per week,) spent in such					
Period of Employmer	n t J	ob Title and Most Important Dutie:	16. M a	16. May we contact present employer?							
A. From To	Job title:			Name, a	ddress, and phone no. of e						
/ .	Duties:				uu ess, unu piione noi ei						
Total Yr(s). Mo(s	s).										
Hours per week					ite supervisor:						
Salary \$ per				Reason	or leaving:						
B. From To	Job title:			Name, a	ddress, and phone no. of e	employer:					
Total Vala) Mala	Duties:										
Total Yr(s). Mo(s Hours per week).			Immedia	ite supervisor:						
·				Reason f	or leaving:						
Salary \$ per											
C. From To	Job title:			Name, a	ddress, and phone no. of e	employer:					
	Duties:										
Total Yr(s). Mo(s	i).		Immedia	Immediate supervisor:							
Hours per week				Reason f	or leaving:						
Salary \$ per											
D. From To	Job title:			Name, a	ddress, and phone no. of e	employer:					
	Duties:										
Total Yr(s). Mo(s	5).			Immedia	ite supervisor:						
Hours per week				Reason f	or leaving:						
Salary \$ per											
E. From To	Job title:			Name, a	ddress, and phone no. of ϵ	employer:					
	Duties:										
Total Yr(s). Mo(s	5).										
Hours per week				Immediate supervisor:							
Salary \$ ner				Reason f	or leaving:						

Salary \$

per

Recruitment Questionnaire						
Please indicate how you became aware of this job opportunity.						
Word of Mouth	Bulletin Board					
A District Employee B Relative or Friend	H County HR I Other County Depts.					
C Other (Specify)	J Community College K State Employment (EDD)					
Advertisement	L Other (specify)					
D Newspaper E Radio	Community Organization					
F Craigslist G Other	M Specify					
	Other					
	N District Website O Dpen Space Council					