



Montrose Recreation District

EQUAL OPPORTUNITY EMPLOYER

Employment Application

"For a Better Quality of Life... MRD!"

PERSONAL INFORMATION

*Required fields

*NAME:		*DATE:	
*ADDRESS:	*CITY:	*STATE:	*ZIP:
*PRIMARY PHONE:		SECONDARY PHONE:	
REFERRED BY:		DATE YOU CAN START:	
POSITIONS(s) APPLYING FOR:		IS THIS YOUR FIRST JOB: Yes No	
		DESIRED WAGE:	
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	May we contact current employer: Yes No	*Are you a legally authorized to work in the U.S.: Yes No	
Employer Name:			

EDUCATION HISTORY

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

GENERAL INFORMATION

Special Training/Skills	
Special Study/Research	
Military Service	Rank



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EMPLOYMENT HISTORY (please list last 3 jobs most recent first)

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)

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."

***Applicant Signature**

Date