



Community Services Department • Recreation Division
 3300 Capitol Avenue, Bldg. B, P.O. Box 5006 Fremont CA 94537-5006
 Phone: (510) 494-4300 • Email: RegeRec@fremont.gov • Website: www.fremont.gov/RecJobs

Recreation Application for Part-Time Temporary Employment

Completed applications can be submitted by email to RegeRec@fremont.gov, by mail/in person to the Recreation Services Division. Notify the Recreation Division, if you require reasonable accommodation in the testing process or have difficulty completing this application. The City of Fremont is an Equal Opportunity Employer.

Position Desired (Please list all positions of interest, in order of preference)

Personal Information (Please notify us of any change of address or phone number.)

Last Name: _____ First Name: _____

Street Address: _____ Apt. No.: _____ City: _____ State/Zip: _____

Phone: () _____ Alternate Phone: () _____

Email Address: _____

Do you currently possess a valid CA Driver's License? Yes No Class: _____
 Do you meet the minimum age requirement as indicated on the job announcement? Yes No
 If hired, can you provide evidence of your legal right to work in the USA? Yes No
 Do you have any relatives employed by the City of Fremont? Yes No
 Have you ever previously applied for work with, or been employed by, the City of Fremont? Yes No
 (If yes, when and for/in what position?): _____
 Are you able to perform the essential functions of the job for which you are applying, either with or without accommodation?
 Yes No (If no, please describe the function which you cannot perform): _____
 The City of Fremont complies with the Fair Employment and Housing Act (FEHA) and all other disability laws. We will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions, unless accommodation would cause undue hardship.

	Sun	Mon	Tue	Wed	Thur	Fri	Sat	
Time Available								<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Around

Education & Training

Education: Circle highest grade completed or will complete in next 4 months: 8 9 10 11 12 13 14 15 16 17 18 19 20

High School	Name of School	Location	Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED or equivalent

College/University	Name of School	Location	Degree/Major	Units Completed

Qualifications, Skills, Certificates & Licenses (Attach additional pages, if needed)

Describe your experience in working or volunteering with groups in a recreational setting (i.e., Community Centers, Camps, After-School Programs, Social Clubs, etc.).

Describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess.

Do you have any foreign language skills which may be applicable to the position for which you are applying? Yes No
 If yes, indicate what language(s), and for each whether you can (1) speak, (2) read, and (3) write in that language:

List any award(s), publication(s), qualifications for the position, etc. which are not listed in another area of the application

Job Experience and/or Volunteer Work

List your most recent experience first and account for all experience during the last 10 years including U.S. Military Service and/or volunteer experience. List each change in title or promotion separately. Attach additional pages if needed. You may attach your resume or job-related certificates. **A resume is not a substitute for completing this section of the application.**

Job Experience and/or Volunteer Work (#1)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Duties Performed:

Reason for Leaving:

Job Experience and/or Volunteer Work (#2)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Duties Performed:

Reason for Leaving:

Job Experience and/or Volunteer Work (#3)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Duties Performed:

Reason for Leaving:

Have you ever been terminated, other than layoff, or forced to resign or rejected during probation from employment within the last 10 years? If so, please give name of employer, dates of employment and reasons below. If no, indicate "not applicable."

Agreement

Agreement of Applicant: I certify that the statements in this application and accompanying materials are true, complete and correct to the best of my knowledge, and understand that misrepresentation or deliberate omission of fact may subject me to disqualification or dismissal. I agree to be fingerprinted, to sign an oath of office, and to furnish proof of education and citizenship or legal right to work in this country as may be required as a condition of employment.

Signature

Date

Recruitment Questionnaire

I first learned about this employment opportunity through:

- | | |
|--|---|
| <input type="checkbox"/> A City employee (specify employee name): _____ | <input type="checkbox"/> Job fair |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Career center |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> College, specify _____ |
| <input type="checkbox"/> The Employment page on the City's website | <input type="checkbox"/> High School, specify _____ |
| <input type="checkbox"/> Facebook or Instagram | <input type="checkbox"/> Mission Valley ROP |
| <input type="checkbox"/> Another job page on the internet (specify website): _____ | <input type="checkbox"/> Ad (specify): _____ |
| | <input type="checkbox"/> Other (specify): _____ |

Employment Questionnaire

Please respond to the following questions and submit this form with your application packet. The completed form is confidential and will be detached from your application. This information is voluntary and is gathered in accordance with State and Federal laws.

Check one:

- Female
 Male

Check one:

- American Indian or Alaskan Native – All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.
Tribal affiliation: _____
- Asian – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.
- Black – When not of Hispanic origin, all persons having origins in any of the Black racial groups of Africa.
- Filipino – All persons having origins in any of the original peoples of the Philippine Islands.
- Hawaiian Native or Other Pacific Islander – All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White – When not of Hispanic origin, all persons having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Other (specify): _____