

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
			State
			Zip Code
Telephone Number (s)		Social Security Number	Date of Birth

- 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 present employer?  Yes  No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
Proof of citizenship or immigration status will be required upon employment.  Yes  No
- On what date would you be available for work? \_\_\_\_\_
- Are you available to work:  Full Time  Part time  Shift Work  Temporary
- Are you currently on "lay-off" status and subject to recall?  Yes  No
- Can you travel if a job requires it?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action Program; we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

## VOLUNTARY SURVEY

(Please Print)

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

Current Job	
Check one:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Check One Of The Following: (Ethnic Origin)	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian / Pacific Islander
Check If Any Of The Following Are Applicable	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual



## CA Release for Background for MCFARLAND RECREATION & PARK DISTRICT

I understand that McFarland Recreation & Park District may obtain from Centralize HR, 4900 California Ave Ste 210B, Bakersfield, CA 93309, (661)377-2032, an investigative consumer report (background screening) that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that McFarland Recreation & Park District or its authorized agent, Centralize HR, may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with McFarland Recreation & Park District consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with McFarland Recreation & Park District, and give my full consent for this information to be obtained. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, or any employer contacted by McFarland Recreation & Park District or our authorized agents, to furnish the information described in Section I.

I understand that the consumer report will be performed after a conditional offer of hire is extended. I also understand that no compensation history will be requested from previous or existing employers. I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A Summary of Your Rights Under the Fair Credit Reporting Act."

I understand that if I am a resident of California, I may obtain a free copy of the report, and now indicate my desire to do so:

I request to receive a free copy of this report by checking this box. Mail (3-5 days)/email (immediate):

Mail or Email address to send report copy to:

**NOTICE TO CALIFORNIA CANDIDATES:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Centralize HR during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Centralize HR in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may attend with you, provided that this person furnishes proper identification.

### APPLICANT – PLEASE FULLY & LEGIBLY COMPLETE THE FOLLOWING:

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Print Name: First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Maiden/Aliases \_\_\_\_\_

Current Address: \_\_\_\_\_

Number & Street Name \_\_\_\_\_

City \_\_\_\_\_

(State/Zip) \_\_\_\_\_

Previous Address: \_\_\_\_\_

Number & Street Name \_\_\_\_\_

City \_\_\_\_\_

(State/Zip) \_\_\_\_\_

Date of Birth (Month, Date, Year) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's/ID License Number \_\_\_\_\_

State \_\_\_\_\_

Name as it appears on License \_\_\_\_\_

Although every effort has been made to assure accuracy, Centralize HR cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Centralize HR LLC has a policy that requires purchasers of these reports to have signed a User Agreement. This assures Centralize HR that users are familiar with and will abide by their obligations, as stated in the ICRAA to the individuals named in these reports. If information contained in this report is disputed by the applicant and responsible for the suspension or termination of an employee or the application process, have the candidate/employee contact Centralize HR, 4900 California Ave Ste 210B, Bakersfield, CA 93309; phone: 661.377.2032; email: [jcox@CentralizeHR.com](mailto:jcox@CentralizeHR.com)

***Personal Information Disclosure: No personal information will be transferred to 3<sup>rd</sup> parties outside of the United States or its territories during or after completion of this investigation.***

**Return this form to McFarland Recreation & Park District**



## FCRA Pre-Employment Background Release for MCFARLAND RECREATION & PARK DISTRICT

- I. I understand that a consumer report (background screening) may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that McFarland Recreation & Park District or its authorized agent, Centralize HR, may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with McFarland Recreation & Park District, and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, or any employer contacted by our authorized agents, to furnish the information described in Section I.
- IV. I understand that the consumer report will be performed after a conditional offer of hire is extended. I also understand that no compensation history will be requested from previous or existing employers.
- V. I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A Summary of Rights".

### **APPLICANT – PLEASE FULLY & LEGIBLY COMPLETE THE FOLLOWING:**

Signature _____			Today's Date _____		
Print Name: <b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Maiden/Aliases</b>		
Current Address: <b>Number &amp; Street Name</b>	<b>City</b>		<b>(State/Zip)</b>		
Previous Address: <b>Number &amp; Street Name</b>	<b>City</b>		<b>(State/Zip)</b>		
Previous Address: <b>Number &amp; Street Name</b>	<b>City</b>		<b>(State/Zip)</b>		
Date of Birth (Month, Date, Year) _____			Social Security Number _____		
Driver's/ID License Number _____		State _____	Name as it appears on License _____		

**FAIR CREDIT REPORTING ACT NOTICE:** In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, Centralize HR cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Our authorized agent, Centralize HR, has a policy that requires purchasers of these reports to have signed a User Agreement. This assures Centralize HR that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the candidate/employee contact Centralize HR, 4900 California Ave Ste 210B Bakersfield, CA 93309; phone: 661.377.2032; email: Jcox@centralizehr.com |

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**Return this form to McFarland Recreation & Park District**





MCFARLAND RECREATION AND PARK DISTRICT

Activity Date(s) \_\_\_\_\_

Activity Name \_\_\_\_\_

**VOLUNTEER AGREEMENT, WAIVER, AND RELEASE**  
**INFORMATION TO PARTICIPANT REGARDING RISK OF INJURY**

In consideration for being permitted by the McFarland Recreation and Park District to participate in this volunteer assignment/ activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the assignment/activity. This release is intended to discharge in advance the McFarland Recreation and Park District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns. I agree to indemnify and to hold McFarland Recreation and Park District, (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in the volunteer assignment/activity.

I fully understand that my participation in this volunteer assignment/activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that the information I provide may be verified, and I give permission to the McFarland Recreation and Park District to make inquiry of others concerning my suitability to act as a volunteer. I also understand that a criminal background check may be accomplished if that action is deemed necessary. I understand that any false statements will disqualify me from the McFarland Recreation and Park District's volunteer program.

I am aware that the relationship between the McFarland Recreation and Park District and a volunteer is "at will" in nature, and that it may be terminated at any time without cause by either the volunteer or the District. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, health or life insurance, or other employee benefits of any kind. Finally, I agree to comply with all District rules and guidelines as well as all applicable public health rules, regulations, orders, and/or guidance in effect at the time of my participation in this volunteer activity.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_