



# Employment Application

*Placer Nature Center*

3700 Christian Valley Road

Auburn, CA 95602

Phone number: (530) 878-6053

Website: [www.placernaturecenter.org](http://www.placernaturecenter.org)

**Please fax completed internship application and cover letter to: 888-433-3428**

**Or mail to: Placer Nature Center, Attn: Internship (see address above)**

**Or email: [events@placernaturecenter.org](mailto:events@placernaturecenter.org)**

Position Title	Today's Date
<b>1. Print Name:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	
<b>2. Current Address:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number &amp; Street Name</span> <span>Apartment Number</span> </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>County</span> <span>State</span> <span>Zip Code</span> </div>	
<b>3. Mailing Address:</b> (If different from above) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number &amp; Street Name</span> <span>Apartment Number</span> </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>County</span> <span>State</span> <span>Zip Code</span> </div>	
<b>4. Personal Phone:</b> _____ <b>Business Phone:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Area Code and Number</span> <span>Area Code and Number</span> </div>	
<b>5. E-mail Address:</b> _____ E-mail Address	

All applications and/or resumes *must* be submitted to the Office of Employee Services or postmarked by the advertised closing date, *no exceptions*. Applications and/or resumes are accepted only for positions that are posted (open for recruitment).

**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW**

The Office of Employee Services staff or other designated County staff is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment service, including, but not limited to, military service, education and employment history.

A false answer to any question(s), in this application may be grounds for non-selection, or for termination after you begin work. **All statements are subject to investigation, including a check of your education, training and experience statements.** All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture of all rights to employment service with Lake County Government. I understand that after a conditional offer of employment service, the following tests may be required as a condition of employment service with Lake County Government; drug screen, medical evaluation, background check, driver's license records check, credit report, criminal history check and a physical demonstration of job-related skills.

If accepted for employment service I agree to abide by and comply with all rules, regulations, policies and procedures of Lake County Government. I understand that my employment with the County is at-will, that I have the right to terminate my employment at any time with or without cause, and that the County has the same right. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of Lake County Government.

**Date Signed** \_\_\_\_\_ **Applicant's Signature - In Ink** (Submittal of this application electronically is considered an electronic signature.) \_\_\_\_\_

<b>6. Type of Internship Service Sought (check all that apply):</b>	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
<input type="checkbox"/> HOURS AVAILABLE _____	
If a requirement, you will work:	
<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Nights	<input type="checkbox"/> Various Shifts
Date available for work/service: _____	
Willing to travel: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Holidays	
<input type="checkbox"/> Other	

**7. Education and Training** (include seminars, workshop, conferences and On-the-Job training): *To receive credit for college course work or vocational training, it is necessary that you supply quarter/semester or class hours earned in addition to dates attended. You may be required to submit college transcripts or list of courses successfully completed.*

	School/Location/Sponsor	Course of Study	Degree or Certificate		Date Obtained
			YES	NO	
High School/GED					
Technical/Trade/Vocational School					
Community College					
College/University					
College/University					
Other					

**8. Specific Skills** (in the spaces below, list the equipment with which you have had experience or any special skills you might have):

Computer Software	Years	Months	Other Equipment (please describe)	Years	Months

**9. List active licenses, certificates or registrations, the registration number(s) and expiration date(s):**

\_\_\_\_\_

**10. List any organization(s) to which you belong which you consider relevant to your ability to perform the job:**

\_\_\_\_\_

**YOU MUST COMPLETE THE WORK/VOLUNTEER HISTORY SECTION OF THIS APPLICATION.** List your most recent experience first. **If currently unemployed**, leave present employer section of this application blank. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages to clarify your experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application. If additional space is needed to explain, please use Item 26, page 5.

**11. Present Employer:** \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_

From: \_\_\_\_\_  
 Month, Day & Year \_\_\_\_\_

To: \_\_\_\_\_  
 Month, Day & Year \_\_\_\_\_  
 Full Time       Part Time

Number of hours worked per week: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Per/ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Duties in Detail: \_\_\_\_\_  
 \_\_\_\_\_

May we contact employer?  Yes       No, explain in Item 26, page 5.

**12. Past Employer:**

Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

May we contact employer?  Yes  No, explain in Item 26, page 5.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/

**13. Past Employer:**

Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

May we contact employer?  Yes  No, explain in Item 26, page 5.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/

**14. Past Employer:**

Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_

Phone No: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

May we contact employer?  Yes  No, explain in Item 26, page 5.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/

**15. Past Employer:**

Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_

Phone No: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

May we contact employer?  Yes  No, explain in Item 26, page 5.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/

**16. Past Employer:** \_\_\_\_\_  
 Business Name

Business Address: \_\_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

From: \_\_\_\_\_  
 Month, Day & Year

To: \_\_\_\_\_  
 Month, Day & Year  
 Full Time       Part Time

Number of hours worked per week: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Per/\_\_\_\_\_

May we contact employer?  Yes       No, explain in Item 26, page 5.

**MISCELLANEOUS:** Answer the following questions by circling "Yes" or "No." It is imperative that you provide detailed information when requested, e.g., dates, types, etc., explain in Item 26, page 5.

<b>17.</b>	Are you able to perform the essential functions of the position with or without reasonable accommodations? If no, explain in Item 26, page 5.	Yes	No
<b>18.</b>	Have you received any citations for moving violations during the last five (5) years? If yes, explain in Item 26, page 5.	Yes	No
<b>19.</b>	Have you ever been convicted, plead guilty or no contest (Nolo Contender) to any criminal violation of law, including criminal traffic offences? (A conviction does not automatically mean you cannot be hired. Provide all the facts.) If yes, explain in Item 26, page 5.	Yes	No
<b>20.</b>	Have you ever been discharged for any reason from any job? If yes, explain in Item 29, page 6.	Yes	No
<b>21.</b>	Have you ever been employed by Placer Nature Center? If yes, indicate in Item 26, page 5. date(s) of employment. Department(s)/Division(s), position(s) and reason for leaving.	Yes	No
<b>22.</b>	Do you possess a current, <b>VALID*</b> California driver license? If yes, complete question 23. If no, explain in Item 26, page 5.. (* <b>VALID:</b> Issued license has not expired nor has been revoked or suspended within the past five (5) years.) (Suspensions for non-moving violations will be considered on a case-by-case basis.)	Yes	No
<b>23.</b>	Indicate which driver license you possess, by checking the appropriate box: <input type="checkbox"/> E (Regular Operator License)      Commercial Driver License (CDL) type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
<b>24.</b>	Do you have any driver license endorsement? *If yes, check the appropriate box(es): <input type="checkbox"/> H- Any vehicle used to transport hazardous materials in placardable amounts. <input type="checkbox"/> N- A tank vehicle designed to transport any liquid or gaseous material with designed capacity of 1,000 gallons or more. <input type="checkbox"/> P- Any vehicles, public or private, designed to transport 16 or more passengers, including the driver. <input type="checkbox"/> S- A commercial motor vehicle (requires CDL) used to transport pre-primary, primary, or secondary school students from home to school, from school to home, or to and from school-sponsored events. Does not include a bus used as a common carrier. <input type="checkbox"/> T- Combination vehicles with double/triple trailers. <input type="checkbox"/> X- Any tank vehicle used to transport placardable amounts of hazardous materials. <input type="checkbox"/> Other _____		

**NOTE:** If you are hired by Placer Nature Center and the position for which you are hired requires the operation of a company vehicle or equipment or if you drive any company vehicles or equipment, you must have and maintain a **VALID** California Driver License that meets Placer Nature Center's requirements of a good driving record and that which is required by the position. Your driving record will be checked with the California Department of Motor Vehicles.

**25. Please indicate where you first learned of this opening:**

\_\_\_\_\_

