



**PERSONNEL COMMISSION**

4400 Ladoga Ave., Long Beach, CA 90713  
 (562) 435-5708 FAX (562) 425-3695  
 Job Hotline: (562) 491-JOBS (5627)  
 www.lbschools.net/Main\_Offices/Personnel\_Commission/

**APPLICATION FOR EMPLOYMENT – RECREATION AIDE**

**INSTRUCTIONS TO COMPLETE THIS APPLICATION:** This application starts the process for employment as a Recreation Aide with our District. To help evaluate your qualifications, we ask you answer all questions completely and accurately. We will review and verify the information you provide to determine your training and experience for this job. Your application will be kept for one year, if you change your address or phone number it is your responsibility to let us know.

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
PRESENT ADDRESS: (Street and Number)		APT/UNIT:	CITY:	
STATE:	ZIP:	Foreign Language(s) (other than English) which you are fluent in: LANGUAGE: _____ Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>		
HOME PHONE: ( ) ( )	WORK PHONE: (Optional) ( ) ( ) Ext.	CELL PHONE: ( ) ( )	EMAIL:	
Are you <u>currently</u> employed or, have you ever been employed by Long Beach Unified School District? *YES <input type="checkbox"/> NO <input type="checkbox"/>				
Job Title: _____ From: _____ To: _____ <b><i>*IF YES, GIVE COMPLETE DETAILS UNDER RELATED WORK EXPERIENCE</i></b>				
Are you able to perform the essential duties of this job with or without reasonable accommodation? (Please refer to job description.) YES <input type="checkbox"/> NO <input type="checkbox"/>				
In compliance with the Americans with Disabilities Act, if you require any reasonable accommodation in the employment process or in performing the essential duties of the position, please attach a statement to your completed application.				

**RELATED WORK EXPERIENCE:**

**Please list your related work experience. Include any paid, volunteer or other experience related to the position of Recreation Aide so you may be given the fullest consideration for employment. If you need more space for work history, attach additional pages.**

DATES	WORK EXPERIENCE (Please list your most recent work experience first.)	EMPLOYER
From: _____ Month/Year  To: _____ Month/Year  Total Time: _____ Years/Months  Hours per Week: _____  Salary: _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly  <input type="checkbox"/> Monthly <input type="checkbox"/> Volunteer  No. Supervised: _____ (if applicable)	Title: _____  Duties: _____ _____ _____ _____ _____ REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Other – <b>Explain:</b> _____	Name of Present or Last Employer: _____  Address: _____  City/State/Zip Code: _____  Supervisor's Name : _____  Telephone: _____  May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REVERSE SIDE MUST ALSO BE COMPLETED**

From: _____ Month/Year  To: _____ Month/Year  Total Time: _____ Years/Months  Hours per Week: _____  Salary: _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Volunteer  No. Supervised: _____ (if applicable)	Title: _____  Duties: _____       REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Other – <b>Explain:</b> _____	Name of Present or Last Employer: _____  Address: _____  City/State/Zip Code: _____  Supervisor's Name : _____  Telephone: _____  May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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From: _____ Month/Year  To: _____ Month/Year  Total Time: _____ Years/Months  Hours per Week: _____  Salary: _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Volunteer  No. Supervised: _____ (if applicable)	Title: _____  Duties: _____       REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Other – <b>Explain:</b> _____	Name of Present or Last Employer: _____  Address: _____  City/State/Zip Code: _____  Supervisor's Name : _____  Telephone: _____  May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**CERTIFICATION OF APPLICANT** – *(Read carefully before signing)*

**I HEREBY DECLARE UNDER PENALTY OF PERJURY:**

THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE ACCURATE AND COMPLETE AND THAT ANY FALSE STATEMENTS OF MATERIAL FACTS OR INCOMPLETE INFORMATION MAY SUBJECT ME TO DISQUALIFICATION OR TERMINATION.

I UNDERSTAND THAT I WILL BE REQUIRED TO: BE FINGERPRINTED, TAKE A MANTOUX TEST FOR TUBERCULOSIS AND PRESENT SATISFACTORY EVIDENCE OF AUTHORIZATION TO WORK IN THE UNITED STATES. OFFERS OF EMPLOYMENT AND EMPLOYMENT START DATE ARE CONTINGENT UPON MY SATISFACTORILY MEETING THESE REQUIREMENTS.

IT IS MY UNDERSTANDING, IF OFFERED EMPLOYMENT, MY EMPLOYMENT START DATE WILL BE EFFECTIVE UPON COMPLETION OF FINGERPRINTING AND CRIMINAL BACKGROUND CLEARANCE.

**I AUTHORIZE RELEASE OF ANY PRIOR EMPLOYMENT INFORMATION OR RECORDS TO VERIFY STATEMENTS MADE ON THIS APPLICATION AND RELEASE FROM LIABILITY ANY PERSONS OR ORGANIZATIONS FURNISHING INFORMATION.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Approved: _____	Rejected: _____
F/P: _____	Notified: _____