



**JOB APPLICATION**  
MARINWOOD RECREATION DEPARTMENT  
775 Miller Creek Road, San Rafael, CA 94903-1323  
Phone: 415-479-0775 | [www.marinwood.org](http://www.marinwood.org)

## **Maintenance Worker II**

Incomplete applications or applications with missing documents will not be accepted. A completed application does not guarantee employment with the Marinwood Community Services District but may qualify you for an interview.

### **RETURN YOUR COMPLETED APPLICATION AND SUPPLEMENTAL QUESTIONS TO:**

**Marinwood Community Center**  
775 Miller Creek Road  
San Rafael, CA 94903-1323  
Phone: 415-479-0775  
Email: [lfretwell@marinwood.org](mailto:lfretwell@marinwood.org)

Selected applicants will be invited to participate in an interview the weeks following the deadline.

Marinwood Community Center office hours:  
Monday-Friday, 9:00 a.m.- 5:00 p.m.  
Closed on major holidays.

**DEADLINE:**  
**Friday, April 9, 2021**  
**5:00 p.m.**

**Marinwood Community Services District**

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**Position Applying For:** \_\_\_\_\_

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Permanent Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License # & State \_\_\_\_\_

Have you worked for the Marinwood Community Services District before? \_\_\_\_\_

    If so, what position & what dates? \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

What date can you start work? \_\_\_\_\_

**Education / History / Skills**

**Education:**

Circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 G.E.D. 13 14 15 16 17 18

List your High School, College, Business, Trade, Correspondence or other courses below:

Name of School & Location	Major Subject of Course Study	Total Sem. Units	Total Quar. Units	List Degree / Certificate Rcvd. Including Dates

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1. Are you at least 18 years of age?     YES  NO
  
2. Desired Number of hours each week: \_\_\_\_\_
  
3. Do you have any physical conditions which may limit your ability to perform the job you are applying for?  
       YES     NO    If yes, please explain \_\_\_\_\_
  
4. Have you, as an adult, ever been convicted of any law violation, excluding minor traffic violations?  
       YES     NO    If yes, please explain \_\_\_\_\_
  
5. Have you ever been discharged or asked to resign?  
       YES     NO    If yes, please explain \_\_\_\_\_
  
6. Do you have any relatives working for the Marinwood CSD?  
       YES     NO    If yes, please explain \_\_\_\_\_

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**Employment History:** Please list any job-related voluntary or paid employment experience. Begin with your present or most recent position. Use additional sheets if necessary. You may submit a resume or other supporting documentation, but that does not substitute for completion of this section. **Do not write "see resume" in the "Duties" box. Present or past employers may be contacted.**

From: Mo./Yr.	To: Mo./Yr.	Employer	Job Title
Total Yrs./Mos.	Hours per week	Street Address Name/Phone	City Supervisors
Reason for Leaving:		Duties:	

From: Mo./Yr.	To: Mo./Yr.	Employer	Job Title
Total Yrs./Mos.	Hours per week	Street Address Name/Phone	City Supervisors
Reason for Leaving:		Duties:	

From: Mo./Yr.	To: Mo./Yr.	Employer	Job Title
Total Yrs./Mos.	Hours per week	Street Address Name/Phone	City Supervisors
Reason for Leaving:		Duties:	

**References:** Please list three (3) non-related individuals that we may contact:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CERTIFICATE OF APPLICANT** – I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I authorize Marinwood CSD to investigate my qualification, employment record or character through inquiries to any sources mentioned in the application, unless otherwise stated.

X \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date Signed**

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**Supplemental Question**

Please answer the following question. Your response should be no more than one page in length. Completed question along with completed application must be returned to MCSD by Friday, April 9, 2021, 5:00pm.

*Please describe in detail your skills and background as they relate to the Maintenance Worker II job, highlighting what specific expertise you have and what you will be able to bring to our Parks Maintenance Team.*