



JOB APPLICATION
MARINWOOD RECREATION DEPARTMENT
775 Miller Creek Road, San Rafael, CA 94903-1323
Phone: 415-479-0775 | www.marinwood.org

RECREATION SUPERVISOR POSITION

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

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

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

DEADLINE:
Tuesday, November 10, 2022
5:00 p.m.

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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 _____

Describe fully any job related skills, knowledge, qualifications or other training that you possess that pertains to the position.

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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:	

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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