

Marinwood Community Services District - After School Program Application -

775 Miller Creek Rd, San Rafael, CA 94903

Phone: (415) 479-0775 www.marinwood.org Fax: (415) 479-7759

****APPLICATIONS MUST BE RETURNED OR MAILED IN BY THE APPLICANT****

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

Return your application to:

Marinwood Community Center
Attn: Robyn Bruton
775 Miller Creek Rd, San Rafael CA 94903
(415) 479-0775 phone / (415) 479-7759 fax

Questions?

Contact Robyn Bruton– Asst. Recreation Director
Phone: (415) 479-0775
email: rbruton@marinwood.org

Marinwood Community Center office hours:

Monday – Friday, 9am-5pm

Position Applying For: After School Counselor

After School Director

Today's date: _____

Name: _____
First Middle Last

Permanent Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) _____

Temporary or school address: _____

City: _____ State: _____ Zip: _____ Last date at this address: _____

Email Address: _____ Driver's License # and State: _____

Have you worked for the Marinwood Community Services District before? _____

If so, what position & what dates? _____

How did you hear about the job? _____

What date can you start work? What is your availability?

Page 2 – 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

Are you at least 15 years of age? YES NO

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

1. Are you at least 18 years of age? YES NO
2. 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 _____
3. Have you, as an adult, ever been convicted of any law violation, excluding minor traffic violations?
____ YES ____ NO If yes, please explain _____
4. Have you ever been discharged or asked to resign?
____ YES ____ NO If yes, please explain _____
5. Do you have any relatives working for the Marinwood CSD?
____ YES ____ NO If yes, please explain _____

Applicants are encouraged to include resume with application.

Describe fully any job related skills, knowledge, qualifications or other training that you possess that pertains to the position. (Please attach additional pages as needed)

Certifications / History / References - Page 3

Certifications: Please list any certifications you hold that are job-related or are required for the job.

Title	Date Issued	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment / Volunteer 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 / supervisors may be contacted.**

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

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

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

1. Name: _____ Phone: _____
Relationship to Applicant: _____
2. Name: _____ Phone: _____
Relationship to Applicant: _____
3. Name: _____ Phone: _____
Relationship to Applicant: _____

Page 4 – Applicant Signature



I have read the above and fully understand its terms and my commitment to the Marinwood Community Services District – After School Program Counselor position, and sign it freely and voluntarily.

Please attach a resume to this application.

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