



TAMALPAIS COMMUNITY SERVICES DISTRICT

305 BELL LANE
MILL VALLEY, CA 94941
(415) 388-6393
WWW.TAMCSD.ORG

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for TCSD? YES ☐ NO ☐ If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

References (cont'd)

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Disclaimer and Signature

I certify that the information in my application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application.

I certify that I am participating in the Tamalpais Community Services District's Recreation Department programs (the "Events"). I understand that participation in the Events may include preparing for, traveling, receiving instruction and engaging in the Events. I certify that I am in good health and have no physical or other impediment which would endanger myself while participating in the Events. I understand that the Events are or may be dangerous and will or may involve risks of injury, loss, or damage to myself. I further acknowledge that risks may include, but not be limited to, bodily injury, personal injury, accidents, illness, disease, death, and property loss or damage. Further, I am aware of the risk the novel coronavirus, COVID-19, presents.

I knowingly, voluntarily, and freely assume all such risks, including the risk of COVID-19 contraction, whether foreseen or unforeseen in participation in the Events, even if arising from the active negligence of the Tamalpais Community Services District or others, and assume full responsibility for my participation, including for bodily injuries, personal injuries, accidents, death disease, illnesses, loss or damage of personal property and expenses thereof.

I, for myself, my heirs, executors and assigns, agree or defend, indemnify and hold harmless the TCSD from any and all liability, claims, demands, or actions, whether personal to me or to a third party, which are related to, arise out of, or are in any way connected with, participating in the events, even though that liability may arise out of active negligence or carelessness on the part of the TCSD, or its officers, agents, employees and volunteers.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Signature: _____ Date: _____