



SACRAMENTO SUMMER NIGHTS LIGHTS EMPLOYMENT APPLICATION

APPLICANT INFORMATION													
Last Name			First			M.I.		BirthDate					
Street Address					Apartment/Unit #								
City			State			ZIP							
Phone			E-mail Address										
Date Available		Are you available to work until Labor Day			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Social Security Number				
Position and Campus Applied for													
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for us before?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						

EDUCATION											
High School			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	

REFERENCES									
<i>Please list three professional references. NO FAMILY MEMBERS! Teachers, pastors, and past employers / volunteer jobs supervisors are acceptable.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									

PREVIOUS EMPLOYMENT

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

AVAILABILITY

Please list any days of the week and times you are **NOT** available to work on the table below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Uniform T-Shirt Size: S M L XL 2XL 3XL

ADDITIONAL INFORMATION

Do you have reliable transportation to get to and from work? YES NO

Please explain your transportation:

If you are hired, will you be able to show evidence of US citizenship or proof of your legal right to work in the USA? YES NO

Please list any languages you speak other than English:

Please list any extracurricular activities you are involved in:

Please list any volunteer experience you have had:

DISCLAIMERS AND SIGNATURES

MEDICAL INFORMATION: DO YOU HAVE ALLERGIES OR ANY MEDICAL CONDITIONS THAT MAY LIMIT OR RESTRICT YOUR WORK ACTIVITIES, OR WHICH SHOULD BE KNOWN ABOUT IN AN EMERGENCY?

PLEASE CIRCLE ONE: NO YES

IF MARKED YES, PLEASE DESCRIBE CONDITION : _____

DATE OF LAST TETANUS SHOT: _____

I HEREBY GRANT THE REIMAGINE MACK ROAD FOUNDATION, THE MACK ROAD PARTNERSHIP AND SACRAMENTO SUMMER NIGHT LIGHTS PROGRAM PERMISSION TO USE MY LIKENESS IN PHOTOGRAPH(S)/VIDEO IN ANY AND ALL KINDS OF ITS PUBLICATIONS, PROMOTIONAL MATERIALS OR ON THE INTERNET, WITHOUT ANY FURTHER AUTHORIZATION, NOW OR IN THE FUTURE, IN PERPETUITY. I WILL MAKE NO MONETARY OR OTHER CLAIM AGAINST THE REIMAGINE MACK ROAD FOUNDATION, THE MACK ROAD PARTNERSHIP AND SACRAMENTO SUMMER NIGHT LIGHTS PROGRAM FOR THE USE OF THE PHOTOGRAPH(S)/VIDEO.
PLEASE CIRCLE ONE: YES / NO

SIGNATURE: _____ WITNESS: _____ DATE: _____

I HAVE READ THE SACRAMENTO SUMMER NIGHT LIGHTS PROGRAM INFORMATION AND UNDERSTAND THAT IT INCLUDES OUTDOOR WORK REQUIRING PHYSICAL LABOR. I HEREBY AGREE TO PARTICIPATE IN ALL PROGRAM ACTIVITIES, INCLUDING TRANSPORTATION TO SITES IN THE GREATER SACRAMENTO AREA. I HEREBY AUTHORIZE AND REQUEST THAT EMERGENCY MEDICAL TREATMENT BE PERFORMED ON ME WHEN AND IF NECESSARY AS REQUIRED.

SIGNATURE _____ DATE _____

*THE MACK ROAD PARTNERSHIP, REIMAGINE MACK ROAD FOUNDATION AND SACRAMENTO SUMMER NIGHT LIGHTS PROGRAM IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, SEXUAL PREFERENCE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR ANY OTHER CLASSIFICATION PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

I certify that my answers are true and complete to the best of my knowledge and I understand that, if this application leads to employment false or misleading information in my application or interview may result in my immediate release. I may need to undergo a background check and fingerprint check

Signature

Date