

West Shore Recreation Commission

507 Fishing Creek Road, P.O. Box 413

Lewisberry, PA 17339

(717) 920-9515 Fax: (717) 920-9518

Application for Employment

(Please Print or Type)

Position Desired _____

Date _____

Personal Data

Name

Last

First

Middle In.

Address

Number and Street

City

State

Zip

Telephone

Home

Work or Daytime

Cell

E-mail address _____

Municipality _____

Are you at least 18 years of age? ___ yes ___ no If no, give date of birth _____

Are you legally eligible for employment in the U.S.? _____

What method of transportation will you use to get to work? _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Reason for application:

Education and Training

School

Name and Address

Did You Graduate?

Degree

Major

High School

Business or Trade

College

Other (Specify)

Special Qualifications: include technical and professional licenses, academic and professional awards...

Recreation Skills

Fill out only if applying for Recreation Leadership

Check once those in which you have taken part or have had special training.

Check twice those you have organized or directed and in which you are prepared to train others.

Check three times where you have paid experience.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Pre-school Instruct. | <input type="checkbox"/> Clubs, Adults | <input type="checkbox"/> Nature Lore |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Chorus or Choir | <input type="checkbox"/> Club, Older Adults | <input type="checkbox"/> Adventure Games |
| <input type="checkbox"/> Swimming Instructor | <input type="checkbox"/> Orchestra or Band | <input type="checkbox"/> Art | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Children's Games | <input type="checkbox"/> Drama | <input type="checkbox"/> Handicrafts | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Social Recreation | <input type="checkbox"/> Festivals | <input type="checkbox"/> First Aid | <input type="checkbox"/> Fitness/Wellness |
| <input type="checkbox"/> Folk/Social Dancing | <input type="checkbox"/> Clubs, Children | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Ballet/Tap/Jazz | <input type="checkbox"/> Clubs, Teens | <input type="checkbox"/> Camping | <input type="checkbox"/> Other |

Aquatic and First Aid Skills

American Red Cross Certifications (please check)

- | | | | | | |
|--------------|--------------------------|---------|--------------------|--------------------------|---------|
| Lifeguarding | <input type="checkbox"/> | Expires | Standard First Aid | <input type="checkbox"/> | Expires |
| LGI | <input type="checkbox"/> | Expires | CPR: Community | <input type="checkbox"/> | Expires |
| WSI | <input type="checkbox"/> | Expires | Adult | <input type="checkbox"/> | Expires |
| Other | <input type="checkbox"/> | Expires | Infant/Child | <input type="checkbox"/> | Expires |
| | | | Prof. Rescuer | <input type="checkbox"/> | Expires |

Water Safety and Swimming Instruction Experience

- | | | | | | |
|--------------------------------------|-----------|---------------------------------------|---------|---------------------------------|---------------------------------------|
| Infant | Preschool | Level 1 | Level 2 | Level 3 | Level 4 |
| Level 5 | Level 6 | Level 7 | Adults | <input type="checkbox"/> Diving | <input type="checkbox"/> Lifeguarding |
| <input type="checkbox"/> Competition | | <input type="checkbox"/> Synchronized | | <input type="checkbox"/> Other | |

Use this space to summarize any additional information necessary to describe your full qualifications, experiences and skills which would especially equip you for work.

List all present and past employment beginning with the most recent

Position Held	From	To
	Mo./Yr.	Mo./Yr.
Employer	Telephone	
Address	Supervisor	
Reason for Leaving		

Position Held	From	To
	Mo./Yr.	Mo./Yr.
Employer	Telephone	
Address	Supervisor	
Reason for Leaving		

Position Held	From	To
	Mo./Yr.	Mo./Yr.
Employer	Telephone	
Address	Supervisor	
Reason for Leaving		

I give permission to contact the employers listed above concerning any information you deem relevant.

Signed

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

Personal References
(Not Former Employers or Relatives)

Name and Occupation	Address	Telephone
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The facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed false statements on this application shall be sufficient cause for dismissal. I also understand that to qualify for employment, I may be subject to a background investigation and a medical examination.

Signed _____ Date _____

West Shore Recreation Commission does not discriminate on the basis of race, color, religion, national origin, sex, age or handicap as defined by law.

For Office Use

Interviewed by _____ Date _____ Time _____

Position _____ Rate of Pay _____

Termination Date _____ Final Pay Rate _____

Reason _____

Payroll: W-4 I-9 New Hire

ID _____

Criminal / Child Abuse Clearance

Certifications _____