



# APPLICATION FOR EMPLOYMENT

## PERSONAL DATA

<b>Last Name:</b> _____		<b>First:</b> _____		<b>Middle:</b> _____	
<b>Home Address</b>			<b>(If different from home address)</b>		
Street			Street		
City			City		
Home Phone #			E-Mail Address		
Mobile Phone #					
Person to contact in case of an emergency: Name:				Phone #:	

## EMPLOYMENT INFORMATION

Position(s) applying for:
What hours and days can you work?
Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO      Are you 18 years of age or over? <input type="checkbox"/> YES <input type="checkbox"/> NO
How were you referred to us?

## EDUCATION AND TRAINING

Type of School	Name of school & state	Graduated		Type of Degree Diploma/Certificate	Major/Minor Field of Study
		Yes	No		
High School					
College or University					
Other Education					

## EMPLOYMENT EXPERIENCE

May we contact your present employer?  YES  NO

<b>Company Name</b> _____	<b>Dates Employed</b> Month Year	<b>Position Title and Description of Duties</b>	<b>Supervisor's Name</b>
Address:	From		Title
Phone	To		Phone
<b>Company Name</b> _____	<b>Dates Employed</b> Month Year	<b>Position Title and Description of Duties</b>	<b>Supervisor's Name</b>
Address:	From		Title
Phone	To		Phone
<b>Company Name</b> _____	<b>Dates Employed</b> Month Year	<b>Position Title and Description of Duties</b>	<b>Supervisor's Name</b>

Address:			
	From		Title
Phone	To		Phone

List any other employment experience that is pertinent to the position you are applying: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES

<b>WORK REFERENCES</b> (Those individuals who can verify your performance on the job)	
Name	How do they know you?
Company Name	Phone
Name	How do they know you?
Company Name	Phone
<b>CHARACTER REFERENCES</b> (Those individuals not related to you who can verify your character)	
Name	How do they know you?
Address	Phone
Name	How do they know you?
Address	Phone

**APPLICANT'S CERTIFICATION AND AGREEMENT – Please read carefully before signing.**

The Hempfield Area Recreation Commission (HARC) is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for HARC to hire me. If I am hired, I understand that either HARC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of HARC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to HARC true and complete information on this application. No requested information has been concealed. I authorize HARC to contact references provided for employment reference checks. If any information I have provided is untrue, or I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications should be returned to the Hempfield Area Recreation Commission, 950 Church Street, Landisville PA 17538. Phone: (717) 898-3102. Visit us at [www.hempfieldrec.com](http://www.hempfieldrec.com) and find us on Facebook.**

## ACTIVITIES CHECKLIST

**Check those activities with which you are familiar and list what your expertise is in that field. Attach a copy of any certifications or credentials, i.e. First Aid, CPR, Lifesaving, Group Exercise, etc.**

<p><b>CERTIFICATIONS</b></p> <input type="checkbox"/> CPR <input type="checkbox"/> First Aid Other _____ _____ Other _____ _____ <p><b>AQUATICS</b></p> <input type="checkbox"/> Group Exercise Instructor <input type="checkbox"/> Lifeguard Instructor/trainer <input type="checkbox"/> Water Safety Instructor Other _____ _____ <p><b>RECREATION</b></p> <input type="checkbox"/> Pre-Schoolers <input type="checkbox"/> School age <input type="checkbox"/> Jr. High age	<p><input type="checkbox"/> Adults  <input type="checkbox"/> Seniors          Other _____          _____</p> <p><b>CLUBS</b></p> Organization _____ _____ Organization _____ _____	<p><b>SPORTS</b></p> <input type="checkbox"/> Group Exercise Instructor Other _____ _____ Other _____ _____ Other _____ _____ <p><b>OFFICE</b></p> Other _____ _____ Other _____ _____ <p><b>OUTDOOR</b></p>
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Activity \_\_\_\_\_

-

Other \_\_\_\_\_

-

Other \_\_\_\_\_

-

Organization \_\_\_\_\_

-

Organization \_\_\_\_\_

-

**CRAFTS**

Craft \_\_\_\_\_

-

Craft \_\_\_\_\_

-

**DANCING**

Type \_\_\_\_\_

-

Other \_\_\_\_\_

-

**MUSIC**

Activity \_\_\_\_\_

-

Other \_\_\_\_\_

-

Other \_\_\_\_\_

-