

# Upper Gwynedd Township

## Park and Recreation Application for Employment

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, marital or veterans status, the presence of a non-job related medical condition or disability or other legally protected status.

Position applied for (circle one) **Camp Counselor** (6 weeks) **Teen Camp Counselor** (3 weeks) **Park Monitor** (varies)

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver' License No: \_\_\_\_\_ State: \_\_\_\_\_ Email \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? 0 Yes      0 No

Have you ever filed an application with us before? 0 Yes      0 No

If YES, please give date: \_\_\_\_\_

Are you currently employed? 0 Yes      0 No

May we contact your current employer 0 Yes      0 No

Are you prevented from lawfully being employed in this country because of Visa or Immigration status? [Proof of citizenship or immigration status will be required upon employment.] 0 Yes      0 No

On what date would you be available to work? \_\_\_\_\_

Are you available to work (Check one): **Full Time 0 Part Time 0**  
**Seasonal 0**

Are you currently on lay off and subject to recall? 0 Yes      0 No

Can you travel if the position requires it? 0 Yes      0 No

Have you been convicted of a felony within the last seven years?  
(Conviction will not necessarily disqualify an applicant from employment.) 0 Yes      0 No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

	<b>HIGH SCHOOL TRADE SCHOOL</b>	<b>UNDERGRADUATE COLLEGE/UNIVERSITY</b>	<b>GRADUATE PROFESSIONAL</b>
School Name/Location			
Years Completed			
Diploma/Degree			
Course of Study			

Describe any specialized training, apprenticeship, skills and extra curricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any professional, trade, business or civic activities and offices held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You may exclude memberships that reveal sex, race, religion, national origin, age, ancestry or disability or other protected status.**

**REFERENCES**

Give the name, address and telephone numbers of three references that are not related to you and are not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had job related training in the United States?

0 Yes

0 No

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Military Service Branch: \_\_\_\_\_

Honorable Discharge: 0 Yes 0 No

**EMPLOYMENT EXPERIENCE**

Please start with your present or last position, include any job-related military service assignments and volunteer activities. You may exclude memberships that reveal sex, race, religion, national origin, age, ancestry or disability or other protected status.

Employer: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Work Performed/Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Work Performed/Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Work Performed/Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Work Performed/Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

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Summarize special job-related skills, languages, and qualifications acquired from employment or other experience.

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**APPLICANTS STATEMENT**

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I am not under any restrictions by virtue of an employment agreement with a former employer that would limit my functions or performance.

This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing to that effect execute a specific document.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, to a duly authorized agent of the Upper Gwynedd Township Police Department, whether the said records are of public, private or confidential in nature, and regardless of whether the information released may be derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts, and loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); records of medical and psychiatric treatment or consultation including psychological evaluation reports from hospitals, clinics, private practitioners and the U.S. Veteran's Administration; records of public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints and/or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, adult and/or juvenile; records of complaints of a civil nature made by or against me, wheresoever located; and records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or had an interest.

I emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent information for the Upper Gwynedd Township Police Department to consider in determining my suitability for employment by Upper Gwynedd Township. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background, which is developed directly or indirectly, in whole or in part, upon this release of information may be considered in determining my suitability for employment by Upper Gwynedd Township.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

I further understand that sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AFFIDAVIT COMMONWEALTH OF PENNSYLVANIA, COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who said that he/she executed the above instrument of his/her own free will and accord, with the full knowledge of the purpose thereof.

(SEAL)

Sworn to and subscribed in my presence

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public

My commission expires \_\_\_\_\_