



APPLICATION FOR EMPLOYMENT

RECREATION SEASONAL EMPLOYMENT

Chambersburg Recreation Department
 235 South 3rd St.
 Chambersburg, PA 17201

PERSONAL

POSITION APPLYING FOR: *(You may check more than one)*

Lifeguard Head Lifeguard Aquatic Center Cashier Aquatic Center Activity Attendant
 Aquatic Center Assistant Manager Concession Stand Manager Concession Stand Assistant Manager
 Concession Employee Seasonal Maintenance Employee

Name _____ **Phone:** _____

LAST FIRST MI

Email Address _____

Permanent Address _____

STREET CITY STATE ZIP

Date you can start _____ **Do you have a valid Driver's License?** _____

EDUCATION

Circle last grade complete: 6 7 8 9 10 11 12

School	Name	Address	Program Studies
Jr or Senior High			
College			
Graduate School			

EMPLOYMENT HISTORY

Starting with the most recent position, list your last three employers

Employer with Contact Person	Address	Phone	Job	Dates
1. _____				
2. _____				
3. _____				

Do we have permission to contact your present employer about your work ? _____

If not, state reason why _____

QUALIFICATIONS

<u>Please check if you have an updated certification</u>		
	Red Cross Lifesaving	Expiration Date:
	Red Cross W.S.I.	Expiration Date:
	Red Cross Lifeguarding	Expiration Date:
	Red Cross CPR	Expiration Date:
	Red Cross First Aid	Expiration Date:
	American Heart Assoc. CPR	Expiration Date:
	List Others	Expiration Date:

List responsibilities that in anyway will interfere with your work or in maintaining a flexible schedule.

If you are under 18 you will be required to provide a Work Permit. Do you currently have a Work Permit? _____

Have you ever been convicted of a crime, excluding summary offenses? _____

If so, please describe _____

REFERENCES

Give the names of three people **NOT** related to you. If applying for the first time, attach letters of reference.

Name	Address	Phone #	Years Acquainted

IMPORTANT: I certify that the facts which I have stated on this application are true and correct to the best of my knowledge and belief. I authorize investigation of all statements contained on this application. I understand and agree that misrepresentation or omission of information requested may be cause for refusal of employment or dismissal from employment of the Borough of Chambersburg.

Signature _____

Date _____

FOR EMPLOYER'S USE ONLY

EMPLOYER REFERENCE CHECK

<u>Employer</u>	<u>Person contacted</u>	<u>Comments</u>
1		
2		
3		
4		

PERSONAL REFERENCE CHECK

<u>Reference</u>	<u>Person contacted</u>	<u>Comments</u>
1		
2		
3		

TEST RESULTS

<u>Test Administered</u>	<u>Score</u>	<u>Rating</u>	<u>Analysis and Comments</u>

INTERVIEW RESULTS

<u>Interviewer Name and Comments</u>