

Ephrata Recreation Center
 130 South Academy Drive
 Ephrata, Pa 17522
 717-738-1167



ephrata
 recCenter

Position: _____

Date: _____

APPLICATION FOR EMPLOYMENT

Name: _____ Social Security #: _____
Last First Mi

Present Address: _____
Street City State Zip

Day Phone: _____ Evening Phone: _____ Cell# _____

Email Address: _____

Type of employment desired: Full-time Part-time Temporary/Seasonal

Have you ever been employed here before: Yes No

If yes, give dates and positions: _____

Answer "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you been convicted of a misdemeanor or a felony within the past 7 years?
 Yes No

If yes, please provide date(s) and details: _____

EDUCATION BACKGROUND:

School (Include city & state)	Date Complete	Degree Received	GPA	Major/Minor

CURRENT & PAST WORK EXPERIENCE: (Please list in chronological order; use separate sheet for additional information)

Employer: _____ Dates Employed: _____

Employer's Address: _____

Supervisor: _____ Phone: _____

Briefly describe your position and job responsibilities:

Employer: _____ Dates Employed: _____

Employer's Address: _____

Supervisor: _____ Phone: _____

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Employer: _____ Dates Employed: _____

Employer's Address: _____

Supervisor: _____ Phone: _____

Briefly describe your position and job responsibilities:

May we contact your current and/or past supervisors? Yes No

Please list any activities and/or clubs in which you are involved that relate to the position desired:

Please list any relevant certifications and/or honors received:

Please provide any additional information you feel will assist in arriving at a true estimate of your qualifications. A copy of your resume may be included with this application.

Emergency Contact Information:

Name _____ Phone # _____

References: (2 must be work related - if N/A, all must be able to attest to character and level of initiative and reliability - should not include family members)

Name	Address	Day Phone	Relationship to You

What days & times are you available to work?

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sunday

If hired, when can you begin work? _____

What is your minimum salary requirement? _____

I attest that all information disclosed in the application is accurate and true

Signature of Application

Date