

OFFICE USE ONLY	☐ FT	□ PT	RATE:		INT:
POSITION:		_ DOH:_		DOB:	
911 Contact:			Ph#_		

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, gender, national origin or sexual orientation.

DATE RECEIVED:_____

Application for Employment

		PERSONAL DATA	A		
Name:	Last	First			Middle
Address:					
Location:	City	State		Zip Code	
Telephone: Home:	() Area Code Number) Area Code	Number	,
Preferred Name (or N	ickname <u>):</u>	Soci	al Security N	lo <u>: -</u>	
Email Address:		Unif	orm shirt Size	ə:	
If hired, and under 18	, can you furnish a Work P	ermit?	□ No I	am over 18 years of	age.
Are you a citizen of th	e United States?	☐ Yes	☐ No		
If not a citizen, can yo	ou furnish proof of eligibility	to work in the United	d States:	Yes 🗌 No	
How, or from whom d	id you learn about us?				
	EMP	PLOYMENT OPPOR	TUNITY		
Position/Type of work	desired:				
☐ Conces ☐ Asst Ma		15 years of age 21 years of age	- Full Time - Full Time	e / Part Time position e position	
_	nance / Groundskeeper - f Maintenance -	16 years of age 21 years of age	- Full Time - Full Time	e / Part Time position e position	
☐ Life Gu ☐ Head L	ard Staff * -	16 years of age 18 years of age 21 years of age RED CROSS CERTIFICAT	- Full Time - Full Time	-	AID CERTIFICATION
☐ Manage	er – YAPPE -	21 years of age	- Full Time	e position	
		EMPLOYMENT DA	TA		
Date available for wor	k:	Total hou	ırs available	per week:	_hours
Type of hours:	☐ Full Time ☐ Part t	time	☐ Days	☐ Evenings	
Will you work Overtime and /or Saturdays, if necessary? Are there any days or hours you are unable or unwilling to work?			☐ Yes ☐ Yes	☐ No ☐ No	
If "Yes": write s	pecifics:			_	
Do you have transportation to and from work?			☐ Yes	☐ No	

Application for Employment

EMPLOYMENT DATA (continued)

	n the space below, can	ates from Mid May until Mid September. This facility operates during peak you please list the following vacations plans or known time that you would
Starting Date	Ending Date	Reason requesting off
Starting Date	Ending Date	Reason requesting off
		EDUCATION
Circle highest grade	e completed or currently	y enrolled:
High School:	9 10 11 12	College: 13 14 15 16 17 18 Masters
High School / Colle OR	ge:	
•	na (or GED):	□ No
University / College	Degree: (List degree:	s currently working on or already obtained:)
Degree earned / cu	rrently studying	Date (completed/anticipated)
Degree earned / cu	rrently studying	Date (completed/anticipated)
Academic HONOR	S or Special Recognitio	n <u>:</u>
Other Night School	, Correspondence, Hon	ne Study or Courses not listed above:
CURRENT STUDE	NTS: Please fill the se	ection below.
Extracurricular Activ	vities <u>:</u>	
FOR STUDENTS /	OTHERS RETURNING	TO SCHOOL IN THE FALL SEASON: Please complete the following:
When will you be ex	xpected to end employr	ment to return to school / college / other seasonal job: mondayyear
Will you be able to v	vork on a part-time bas	is once after returning to school/ college / other seasonal job?
If you are able to co	ontinue part-time work,	please explain (list dates available) :
		WORKING SKILLS
Describe any other	ability, experience or a	ptitude which you believe would be helpful in your job:

Application for Employment

EMPLOYMENT RECORD INFORMATION

DIRECTIONS: Please **COMPLETE IN FULL.** (Include Voluntary Work/Jobs) Attach resumes if necessary.

MOST RECENT EMPLOYER: Name of Last Employer:____ Company Name: ____Employment Dates: ____to____ Type of Business: Supervisor's Name: Address: Salary or Wage: Title: _____Reason for Leaving: Phone Number: () Do we have your permission to contact this employer: Yes \ \ \ No Duties / Responsibilities: PREVIOUS EMPLOYER TO MOST RECENT: Name of Last Employer:_____ Employment Dates: to Company Name:____ Type of Business: Supervisor's Name: Address: Salary or Wage: ______Reason for Leaving:_____ Phone Number: () Do we have your permission to contact this employer: Yes No Duties / Responsibilities: Name of Last Employer:_____ Type of Business: Supervisor's Name: Address: Salary or Wage: Reason for Leaving: Phone Number: (_____) Do we have your permission to contact this employer: ☐ Yes ☐ No Duties / Responsibilities:

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SECURITY
Have you been convicted of a felony? Yes No If "yes", provide details, including date, location (city), nature of offense(s) and disposition:
NOTE: A convicted record will not necessarily be a prohibition to employment. Applicants with a sealed record on file may answer "necord" to any inquiries about criminal charges.
MEDICAL
Employment in the position for which you have applied may be contingent upon ability to perform the duties associated with job responsibilities. If offered the position, are you willing to provide medical documents? Yes No No
п 140 схрічні.
SIGNATURE
READ CAREFULLY BEFORE SIGNING.
I understand that refusal to submit to the testing noted above, or a positive drug screen result, will eliminate any consideration for employment.
I also certify that the statements and information furnished by me, in this application, are true and correct. I understand that falsification of such statements and information is grounds for dismissal at any time the company becomes aware of the falsified information. In consideration of my employment, I agree to conform to the rules and regulations (including job description[s]) of the company and acknowledge that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the company or myself. I further understand that no Policy, Benefit or Procedure contained in any employee handbook creates and employment contract for any period of time and no terms of conditions of employment, contrary to the foregoing, should be relied upon; except for those made in writing by a designated Officer of the Company.
I agree and hereby authorize Youngwood Park N Pool Enterprises (a division of Youngwood Borough) to conduct a background inquiry to verify the information on this Application and any other documentation that I have provided. I authorize all previous employers, or other persons who have knowledge of me, or my record, to release such information to Youngwood Park N Pool Enterprises. I hereby release those companies and persons and Youngwood Park n Pool Enterprises from all claims or liabilities whatever that may arise by such disclosures or such investigation.
Signature of Applicant Date of Application