

Application for Employment

Marple Newtown Joint Recreation Commission

Marple Newtown Recreation

20 Media Line Road
 Newtown Square, PA 19073
 Phone: 610-353-2326
 Fax: 610-353-2330

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department

 PLEASE PRINT

Position(s) applied for: _____ Date of application ___/___/20___

Child Care Division – THE KID'S STOP Recreation Division General Operations

Referral Source Advertisement Employee Relative Walk-In
 Private Employment Agency Government Employment Agency

Name of Source (if applicable) _____

Name			
Last	First	Middle	
Address			
Street	City	State	Zip
Social Security Number		Date of Birth	If you are under 18, can you furnish a permit to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number		Cell	Email
Home			
If necessary, best time to call you at home is		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A.M. P.M.		Phone	
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give date :			
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give dates. From: to:			
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Proof of U.S. Citizenship or immigration status will be required upon employment</small>		Date available for work:	
Type of employment desired			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-Op	
Are you on lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license Number	
If "Yes", please explain			
Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony in the last seven (7) years? (such conviction may be relevant if job related, but does not bar you from employment) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain			

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the MOST RECENT, including military experience. Explain any gaps in employment in the COMMENTS section below.

Employer		
Address		
Job Title	Dates Employed From: _____ To: _____	
Immediate Supervisor and Title	Ending Salary	
Reason for Leaving		
Summarize the nature of the work performed and job responsibilities		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
<hr/>		
Employer		
Address		
Job Title	Dates Employed From: _____ To: _____	
Immediate Supervisor and Title	Ending Salary	
Reason for Leaving		
Summarize the nature of the work performed and job responsibilities		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
<hr/>		
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Address		
Job Title	Dates Employed From: _____ To: _____	
Immediate Supervisor and Title	Ending Salary	
Reason for Leaving		
Summarize the nature of the work performed and job responsibilities		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

COMMENTS (including explanation of any gaps in employment)

Education and Background

List schools attended starting with most recent.
List number of years completed. Indicate degree, diploma or certificate earned.

School, College or University	Years Completed	Degree, Diploma, Certificate	Major	Minor

List professional, trade, business, or civic associations and any offices held.
Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or other protected status.

Organization	Offices Held

References

List name and telephone number of three business / work references who are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three school or personal references who are **NOT** related to you.

Name of Reference	Daytime Phone Number	Years Known	Relationship

Skills and Qualifications

Summarize any special training, skills, licenses, certificates and/or characteristics that may qualify you as being able to perform job-related functions for the position to which you are applying

List any special accomplishments, publications, awards, interests, hobbies, or goals that could be considered qualification for the position to which you are applying

It is understood and agreed that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and secure additional information about me if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Marple Newtown Joint Recreation Commission is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that I am free to resign at any time. The employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Affirmative Action Voluntary Information

Completion of information below is VOLUNTARY

This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Individual with a disability
Please check one of the following Equal Employment Opportunity <i>Identification Groups</i>:		
<input type="checkbox"/> White	<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian / Pacific Islander	

Child Care Staff Notice

DPW regulations pertaining to individuals employed in a licensed child care facility require the following paperwork:

- ✓ Completed application or detailed professional resume
- ✓ Verification of previous child care experience
- ✓ Current **Health Assessment** conducted within 3 months PRIOR to the first day of scheduled work and bi-annually thereafter
- ✓ Proof of Tuberculosis screening by the Mantoux method conducted at initial employment
- ✓ Pennsylvania State Police Criminal Record Check
- ✓ ChildLine, Child Abuse Registry clearance
- ✓ FBI Fingerprint Clearance
- ✓ Two, written, non-family references attesting to the applicants suitability to work with children

Signature of Applicant _____ **Date** _____