

Lancaster Recreation Commission Application for Employment

PERSONAL

Note: An incomplete or illegible application will not be accepted. Please type or use ball point pen in completing this application.

Position applying for _____ Date of application _____

Name _____
Last First MI

Address _____
Street City State Zip

Resident of Lancaster City Lancaster Township Other _____

How many years have you lived at this address? _____

Previous address _____

How long did you live there? _____ Email address _____

Are you under 18 years old? Yes No If yes, give birth date _____

Home phone _____ Work phone _____

Cell phone _____ May we contact you at work? Yes No

When is the best time to call: At work: _____ At home: _____

Do you have a valid Driver's license? Yes No

Have you received any traffic violations in the past three (3) years? Yes No

If yes, list type of violation and dates: _____

List all languages that you speak fluently _____

If employed, can you produce documents that you can be employed in the U.S.? Yes No

Do you have reliable transportation to work? Yes No Are you a U.S. Veteran? Yes No

Have you worked for us before? Yes No If yes, date/s, position/s held: _____

Give name and relationship of any relatives who are employed by Lancaster Rec: _____

Have you ever been suspended, demoted, dismissed or asked to resign from any job? Yes No If yes, explain in detail:

What salary range are you looking for? _____

Are you available to work: Nights? Yes No Weekends? Yes No If no, please explain: _____

Are there any times during the day or evening you are not available to work? If yes, specify: _____

PERSONAL (continued)

Are you certified in Cardiopulmonary Resuscitation (CPR) Yes No If yes, give date of certification _____

If not, do you plan to become certified by June? Yes No

If you are in college, do you expect to be employed through PHEAA Off-Campus College Work-Study Program? Yes No

What dates would you be available for an interview? _____

Have you had any paid or volunteer recreation-related experience? Yes No If yes, describe: _____

Have you done any officiating? Yes No If yes, what sports did you officiate? _____

What are your hobbies? _____

Describe your related skills, knowledge and abilities that qualify you for this position. Please list licenses, professional affiliations, and experience that pertain to this position. _____

Education

Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 17 18 19 20 Other (# of years:)

Starting with high school, list schools attended and their location	Type of Degree Earned	Course of study

If you are not a high school graduate, do you have a GED? Yes No

THE FOLLOWING MUST BE COMPLETED

Have you ever been convicted of or plead guilty or no contest to a felony? Yes No

Have you ever been convicted of or plead guilty or no contest to a misdemeanor? Yes No

Have you ever been required to register in Pennsylvania or another state under Megan's Law? Yes No

Have you ever been convicted of a crime against minors? Yes No

If answer is "yes" to any of these questions, please give the nature of the crime, dates of convictions and the court in which you were convicted: _____

EMPLOYMENT HISTORY

Please complete this section even if you attach a resume. List your work experience, most recent first, for at least the last 10 years. Include military experience.

Employer: _____ Job title: _____

Phone: _____ Address: _____

Immediate supervisor & title: _____ Supervisor's email: _____

Ending salary/hourly rate: _____ Full-time Part-time From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ If Part-time, # of hrs/wk _____

May we contact your Supervisor? Yes No Reason for leaving: _____

Description of job duties: _____

Employer: _____ Job title: _____

Phone: _____ Address: _____

Immediate supervisor & title: _____ Supervisor's email: _____

Ending salary/hourly rate: _____ Full-time Part-time From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ If Part-time, # of hrs/wk _____

May we contact your Supervisor? Yes No Reason for leaving: _____

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Phone: _____ Address: _____

Immediate supervisor & title: _____ Supervisor's email: _____

Ending salary/hourly rate: _____ Full-time Part-time From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ If Part-time, # of hrs/wk _____

May we contact your Supervisor? Yes No Reason for leaving: _____

Description of job duties: _____

REFERENCES

Give names, addresses and telephone numbers of three (3) references that are not related to you and are not previous employers.

1. _____
 Name _____ Phone number _____

 Street _____ Apt.# _____ City _____ State _____ Zip Code _____

2. _____
 Name _____ Phone number _____

 Street _____ Apt.# _____ City _____ State _____ Zip Code _____

3. _____
 Name _____ Phone number _____

 Street _____ Apt.# _____ City _____ State _____ Zip Code _____

SKILLS AND ACTIVITY EXPERIENCES

those activities which you have taken part in and with which you are familiar.
 those activities which you have actually organized and directed.

<p>AQUATICS</p> <input type="checkbox"/> Boating <input type="checkbox"/> Rafting <input type="checkbox"/> Canoeing <input type="checkbox"/> Swimming <input type="checkbox"/> Life Saving <input type="checkbox"/> Synch. Swimming	<p>CHARACTER BUILDING</p> <input type="checkbox"/> Boy/Girl Scouts <input type="checkbox"/> Explorers <input type="checkbox"/> Campfire Girls <input type="checkbox"/> 4-H Club <input type="checkbox"/> Church Group <input type="checkbox"/> Service Group <input type="checkbox"/> _____ <input type="checkbox"/> Sunday School	<p>DANCING</p> <input type="checkbox"/> Aerobics <input type="checkbox"/> Jazz <input type="checkbox"/> Ballet <input type="checkbox"/> Social <input type="checkbox"/> Ballroom <input type="checkbox"/> Square <input type="checkbox"/> Folk <input type="checkbox"/> Tap <input type="checkbox"/> _____	<p>OUTDOOR ACTIVITIES</p> <input type="checkbox"/> Camping <input type="checkbox"/> Environmental Education <input type="checkbox"/> Hiking <input type="checkbox"/> Nature Study <input type="checkbox"/> _____
<p>ATHLETICS & SPORTS</p> <input type="checkbox"/> Archery <input type="checkbox"/> Ice Skating <input type="checkbox"/> Badminton <input type="checkbox"/> Karate <input type="checkbox"/> Baseball <input type="checkbox"/> Roller Skating <input type="checkbox"/> Basketball <input type="checkbox"/> Skateboarding <input type="checkbox"/> Baton <input type="checkbox"/> Soccer <input type="checkbox"/> Billiards <input type="checkbox"/> Softball <input type="checkbox"/> Bowling <input type="checkbox"/> Street Hockey <input type="checkbox"/> Boxing <input type="checkbox"/> Tennis <input type="checkbox"/> Cheerleading <input type="checkbox"/> Track <input type="checkbox"/> Fitness <input type="checkbox"/> Volleyball <input type="checkbox"/> Football <input type="checkbox"/> Weightlifting <input type="checkbox"/> Golf <input type="checkbox"/> Wrestling <input type="checkbox"/> Gymnastics <input type="checkbox"/> Yoga <input type="checkbox"/> Hunter Safety <input type="checkbox"/> _____	<p>CLUBS</p> <input type="checkbox"/> Athletic <input type="checkbox"/> Literature <input type="checkbox"/> Craft <input type="checkbox"/> Music <input type="checkbox"/> Debate <input type="checkbox"/> Senior Citizens <input type="checkbox"/> Dramatic <input type="checkbox"/> Teen <input type="checkbox"/> Gardening <input type="checkbox"/> Youth <input type="checkbox"/> Language <input type="checkbox"/> _____	<p>DRAMATICS</p> <input type="checkbox"/> Drama <input type="checkbox"/> Puppetry <input type="checkbox"/> Magic <input type="checkbox"/> Storytelling <input type="checkbox"/> _____	<p>SOCIAL & MISC.</p> <input type="checkbox"/> Children's Games <input type="checkbox"/> Babysitting <input type="checkbox"/> Special Events <input type="checkbox"/> Journalism <input type="checkbox"/> Public Relations <input type="checkbox"/> Public Speaking <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<p>CRAFTS</p> <input type="checkbox"/> Basketry <input type="checkbox"/> Models <input type="checkbox"/> Ceramics <input type="checkbox"/> Painting <input type="checkbox"/> Clay <input type="checkbox"/> Paper <input type="checkbox"/> Knitting <input type="checkbox"/> Puppetry <input type="checkbox"/> Leather <input type="checkbox"/> Sewing <input type="checkbox"/> Metal <input type="checkbox"/> Woodwork <input type="checkbox"/> _____	<p>MUSIC</p> <input type="checkbox"/> Band <input type="checkbox"/> Musical Instrument <input type="checkbox"/> Chorus <input type="checkbox"/> Orchestra <input type="checkbox"/> Guitar <input type="checkbox"/> Piano <input type="checkbox"/> Singing	
		<p>OFFICE</p> <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Typing <input type="checkbox"/> Offset Printing <input type="checkbox"/> Word Processing <input type="checkbox"/> Switchboard/ Phone <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> _____	

APPLICANT STATEMENT - must be signed and must not be altered

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement may result in immediate dismissal at any time. The Lancaster Recreation Commission (Lancaster Rec) is hereby authorized to contact my present and past employers as references to obtain any information about me contained in their personnel records and any evaluations of my job knowledge, skills, and performance. Lancaster Rec is hereby authorized to make any investigation of my educational history. As a condition of employment, I give permission for Lancaster Rec to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon Lancaster Rec receiving no inappropriate information on my background. I hereby release and hold harmless from liability Lancaster Rec, its officers, employees and volunteers thereof, from any liability or damage which may result from furnishing the information requested. To help ensure a safe and healthful working environment, I understand that I may be asked to provide body substance samples to determine the illicit or illegal use of drugs and alcohol. I acknowledge that if I become employed by Lancaster Rec, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT. APPLICANT'S SIGNATURE IS REQUIRED TO PROCESS APPLICATION.

Signature: _____ Date: _____

NOTE: Applications, letters of reference, and/or resumes become the property of Lancaster Rec and cannot be returned. Lancaster Rec cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered. Please submit this application prior to 5 p.m. on the closing date.