

SUMMER STAFF APPLICATION

Caernarvon Township Parks and Recreation Department
3226 Main Street ☐ Morgantown, PA 19543 ☐ 610-286-1010

PLEASE PRINT CLEARLY

Last Name First Name Social Security Number

Home Address City State Zip

College Address City State Zip

Home Phone Cell Phone Email Address

Birth Date (if under 18) Are you a U.S. Citizen? _____ T-Shirt Size: S M L XL

Position Desired: Dates available to work: If applicable, dates of college orientation:
Camp Director _____ From: ____/____/____ From: ____/____/____
Camp Counselor _____ To: ____/____/____ To: ____/____/____

Grade as of September (please circle) 9th 10th 11th 12th College: Freshman Sophomore Junior Senior

Name of School: _____ Phone: _____

Graduated: Yes No Degree: _____ Yrs Attended: _____

Have you ever worked for a camp? Yes No

If yes, Name of Camp: _____ Dates Employed: _____

Camp Director: _____ Phone Number: _____

Duties: _____

Have you ever attended camp? Yes No

If yes, Name of Camp: _____ Dates Attended: _____

Physical restrictions that would interfere with ability to perform job: _____

Please list your last three employers if applicable:

<u>Employer</u>	<u>Dates</u>	<u>Position</u>	<u>Supervisor</u>	<u>Phone #</u>

List three references (non-relatives) who have knowledge of your ability and character. Please list name of current guidance counselor as one of your references:

<u>Name</u>	<u>Relationship</u>	<u>Job Title</u>	<u>Phone #</u>

Have you ever been convicted of a crime? _____ If yes, please explain: _____

Applicants subject to background check

Have you ever applied for a position with Caernarvon Township? _____ If yes, when? _____

Why do you think you would be an asset to our program? _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements of this application may be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from same.

You are hereby authorized to conduct any investigation of my personal history and/or credit and financial records employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act.

I also understand and agree that no representative of Caernarvon Township has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the authorized township representative.

Signature of Applicant: _____ **Date:** _____

Signature of Witness _____ **Date:** _____