

**West Shore Recreation Commission**

507 Fishing Creek Road, P.O. Box 413

Lewisberry, PA 17339

(717) 920-9515 Fax: (717) 920-9518

**Application for Employment**

(Please Print or Type)

Position Desired \_\_\_\_\_ Date \_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_  
Last First Middle In.

Address \_\_\_\_\_  
Number and Street City State Zip

Telephone \_\_\_\_\_  
Home Work or Daytime Cell

E-mail address \_\_\_\_\_ Municipality \_\_\_\_\_

Are you at least 18 years of age? \_\_\_ yes \_\_\_ no If no, give date of birth \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Reason for application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

<u>School</u>	<u>Name and Address</u>	<u>Did You Graduate?</u>	<u>Degree</u>	<u>Major</u>
High School				
Business or Trade				
College				
Other (Specify)				

**Special Qualifications:** include technical and professional licenses, academic and professional awards...  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**List all present and past employment beginning with the most recent**

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

I give permission to contact the employers listed above concerning any information you deem relevant.

Signed \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

\_\_\_\_\_  
\_\_\_\_\_

**Personal References**  
(Not Former Employers or Relatives)

Name and Occupation	Address	Telephone

---

The facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed false statements on this application shall be sufficient cause for dismissal. I also understand that to qualify for employment, I may be subject to a background investigation and a medical examination.

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

West Shore Recreation Commission does not discriminate on the basis of race, color, religion, national origin, sex, age or handicap as defined by law.

---

---

**For Office Use**

---

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Termination Date \_\_\_\_\_ Final Pay Rate \_\_\_\_\_

Reason \_\_\_\_\_

---

Payroll:  W-4     I-9     New Hire

ID \_\_\_\_\_

Criminal / Child Abuse Clearance

Certifications \_\_\_\_\_