

APPLICATION FOR EMPLOYMENT or VOLUNTEER SERVICE

Centre Region Parks & Recreation

2643 Gateway Drive #1, State College, PA 16801

(814) 231-3071 Fax: 814.235.7832 www.crpr.org Email: crpr@crcog.net 27 Nov 07

"WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, GENDER, NATIONAL ORIGIN, OR PHYSICAL HANDICAP"

Please print or type all information. Statements concerning education, employment, etc. and all references are subject to investigation and verification. A resume may be attached, but should not replace the information requested on this form.

DATE: _____

FULL NAME: _____

LAST FIRST MIDDLE

LOCAL ADDRESS: _____

STREET CITY STATE ZIP

PERMANENT ADDRESS: _____

STREET CITY STATE ZIP

PHONE NUMBER(S): () ()

AREA CODE LOCAL PHONE AREA CODE PERMANENT PHONE

SOCIAL SECURITY NUMBER: _____ E-MAIL ADDRESS: _____

• Are you over 18 years of age? Yes ___ No ___ • Are you legally able to work in the United States? Yes ___ No ___

• If you are age 18 or over, please attach copies of:

- (1) PA. State Police "Criminal Background Check," (issued within the past 24 months).
- (2) PA. Dept. Of Public Welfare "Child Abuse Clearance" (issued within the past 24 months), and
- (3) Your Driver's License. Please review the "CRPR Child Safety Policy" at www.crpr.org

• Have you ever been convicted of a crime?

Yes ___ No ___ If yes, please explain: _____

• Drivers License Number: _____ State: ___ Do you have transportation? Yes ___ No ___

• Do you have any disabilities that would prevent you from performing all duties of the position for which you are applying?

Yes ___ No ___ If yes, please explain: _____

If additional space is required, please attach additional 8 1/2 x 11" sheet(s).

• How were you referred to Centre Region Parks and Recreation?

Past/Present Employee Print Ad Friend Was Previously Employed Other _____

EMPLOYMENT DESIRED:

Salary/Wage

• POSITION(S) APPLIED FOR: _____ Desired: _____

• Are you employed now? Yes ___ No ___

• Date you can start: _____ • Date you must finish: _____

• Will this be a second job? Yes ___ No ___

• Are you available for weekend work? Yes ___ No ___

EDUCATION:

	SCHOOL NAME	CITY & STATE	# OF YEARS ATTENDED	MAJOR COURSES
HIGH SCHOOL				
COLLEGE				
OTHER				

MILITARY EXPERIENCE:

• Are you a veteran? Yes ___ No ___

• If Yes: Branch of Service: _____

• Dates (mo./yr.) of Military Service (Active & Reserve): _____ • Dates of Active Duty: _____

• Type of Discharge: _____ • Rank at Discharge: _____

• List Duties Performed: _____

• List Military Awards: _____

CERTIFICATIONS *Note: Please bring certification cards to your interview(s).*

A.C.E./A.F.A.A./H.F.I. Instructor		Water Aerobics Instructor		First Aid	
Water Safety Instructor		Lifeguarding		C.P.R.	
C.P.R. For Professional Rescuer		Lifeguard Instructor		Other:	

EMPLOYMENT EXPERIENCE:

Describe all previous work experience and duties performed. Begin with the most recent and work backward. If additional space is required, please attach additional 8 1/2" x 11" sheets.

1. _____
NAME OF EMPLOYER ADDRESS TELEPHONE NUMBER

TYPE OF BUSINESS YOUR TITLE OR POSITION NAME/TITLE OF IMMEDIATE SUPERVISOR

Length of Employment: From Month ____ Year ____ To Month ____ Year ____ Total: Years ____ Months ____
 Duties Performed: _____
 Reason for Leaving _____ May we contact your present employer? Yes__ No__

2. _____
NAME OF EMPLOYER ADDRESS TELEPHONE NUMBER

TYPE OF BUSINESS YOUR TITLE OR POSITION NAME/TITLE OF IMMEDIATE SUPERVISOR

Length of Employment: From Month ____ Year ____ To Month ____ Year ____ Total: Years ____ Months ____
 Duties Performed: _____
 Reason for Leaving _____ May we contact this employer? Yes__ No__

List any additional skills or training that would qualify you for the position in which you are applying. If additional space is required, use 8 1/2" x 11" paper and attach. _____

REFERENCES:

List three (3) persons not related to you and not listed as previous employers. These references should be familiar with your background and character.

NAME	OCCUPATION	COMPLETE ADDRESS	TELEPHONE NUMBER

List any relatives or friends presently employed by the Centre Region Parks & Recreation or Centre Region Council of Governments: _____

I certify that the statements made by me on this application are true, complete and correct to the best of my knowledge. I understand that my employment / service must comply with the provisions of the "CRPR Child Safety Policy" and I hereby authorize the Agency to obtain a Social Security Number Verification Report and a National Criminal File Report as provided by ChoicePoint Inc. I understand that if I knowingly make any misrepresentation, I am subject to disqualification for the position or dismissal.

SIGNATURE (Required for consideration) DATE