



Parks & Recreation Department  
 2391 Harts Lane, Lafayette Hill, PA 19444  
 Tel: (610) 828-7276 Fax: (610) 828-7391  
 www.whitemarshparks.org

**PARKS & RECREATION APPLICATION FOR EMPLOYMENT**

*Whitemarsh Township is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.*

Position Applied For:  Date Of Application:

Are You Seeking To Work:  Full Time  Part Time  Seasonal

**APPLICANT INFORMATION**

Last Name:  First Name:  M.I.:   
 Address:  City:  State:  Zip:   
 Cell Number:  E-mail Address:

**EDUCATION/TRAINING**

|                              | Name Of School | Address | Course Of Study<br>(If applicable) | Years Completed | Diploma/Degree |
|------------------------------|----------------|---------|------------------------------------|-----------------|----------------|
| High School                  |                |         |                                    |                 |                |
| Undergraduate Studies School |                |         |                                    |                 |                |
| Graduate Studies School      |                |         |                                    |                 |                |
| Other<br>(Please Specify)    |                |         |                                    |                 |                |

Please List Any Specialized Training Or Qualifications:

Please List Any Extra Curricular Activities:

Please List Any Additional Information That May Be Helpful In Your Consideration:

Please Indicate Any Certifications You Currently Carry:

C.P.R. Expiring: 
 Lifeguard Expiring:   
 A.E.D. Expiring: 
 Mandated Reporter Expiring:   
 First Aid Expiring: 
 Other Expiring:

## EXPERIENCE

Do You Have Any Experience Working With Children?:  Yes  No

If Yes, Please Explain:

Why Do You Want A  
Job With The  
Parks & Recreation  
Department?

## PLEASE PROVIDE THREE REFERENCES

|   | Name | Relationship | Phone Number | Address |
|---|------|--------------|--------------|---------|
| 1 |      |              |              |         |
| 2 |      |              |              |         |
| 3 |      |              |              |         |

Please Provide Any  
Date You Know You  
Are Unavailable Over  
The Next 90 Days:

## PLEASE ANSWER THE FOLLOWING QUESTIONS

- If you are under 15 years of age, can you provide required proof of your eligibility to work?  YES  NO
- If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO
- Have you ever filled out an application with us before? If yes, when? \_\_\_\_\_  YES  NO
- Have you ever been employed with us before? If yes, when? \_\_\_\_\_  YES  NO
- Are you currently employed?  YES  NO
- If you are currently employed, may we contact your current employer?  YES  NO
- Are you currently on layoff status or subject to recall?  YES  NO
- If hired, are you able to furnish proof that you are eligible to work in the US?  YES  NO
- Are you able to perform the duties of the job in which you are applying with or without a reasonable accommodation?  YES  NO

**EMPLOYMENT HISTORY (If Applicable)**

**EMPLOYER 1**

Employer Name:  Start Date:  End Date:

Job Title:  Starting Rate/Salary:  Ending Rate/Salary:

Supervisor Name:  Contact Number:

Work Performed:

Reason For Leaving:

**EMPLOYER 2**

Employer Name:  Start Date:  End Date:

Job Title:  Starting Rate/Salary:  Ending Rate/Salary:

Supervisor Name:  Contact Number:

Work Performed:

Reason For Leaving:

**EMPLOYER 3**

Employer Name:  Start Date:  End Date:

Job Title:  Starting Rate/Salary:  Ending Rate/Salary:

Supervisor Name:  Contact Number:

Work Performed:

Reason For Leaving:

**EMPLOYER 4**

Employer Name:  Start Date:  End Date:

Job Title:  Starting Rate/Salary:  Ending Rate/Salary:

Supervisor Name:  Contact Number:

Work Performed:

Reason For Leaving:

## APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that any employment relationship is contingent on the prospective Employee passing a pre-employment drug test, and completing all background checks and clearances required by the current Child Protective Services Law, per Township policy.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employers may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by the conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature Of Applicant

Date:

## FOR DEPARTMENT USE ONLY

Date Received:

Arrange Interview?

YES

NO

Interview Date

*(If Applicable):*

Interview Status:

Remarks: