

APPLICATION FOR EMPLOYMENT

PERSONAL DATA								
Last Name First					Middle			
Home Address				Pern	Permanent Address (if different from home address)			
Street				Stree	et			
City	State	Zip		City				
Telephone Number			Telephone Number					
Person to contact in an emergency Relationship to you:								
EMPLOYMENT	INFORMAT	TON						
Position(s) applying for:				When are you available to work?				
Social Security Number				Are you 18 years of age or over? Yes No				
		ilien lawfully admi	tted to	perma	nent residence or an alien	authorized	to work in the	
United States? No								
Have you ever been convicted of a felony or misdemeanor? Yes No								
Have you been incarce	erated in the las	t 5 years?	☐ Ye	S	□ No			
How were you referred to us?								
EDUCATION AN	ID TOAINII	10						
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Type of School	Name of S	chool & State	Yes	uated No	Type of Degree Diploma/Certifica		Major/Minor Field of Study	
High School								
College or University								
Other Education								
EMPLOYMENT	EXPERIEN	CE						
Company Name, City & State		Dates Employed Month & Year		ition Title and Description of Duties		Supervisor's Name		
		From						
Phone		То						
		From						
Phone		То						
		From						
Phone		То						
Filone		10						
List any other employment e	experience that is be	ertinent to the position	you are a	applyina	for:			
	· · · · · · · · · · · · · · · · · · ·							

REFERENCES						
WORK REFERENCES (T	hose individuals who can verify you	r performance on the job)			
Name		How do they know you?				
Company Name		Phone				
Name		How do they know you?)			
Company Name		Phone				
CHARACTER REFEREN	CES (Those individuals not related to	to you who can verify you	ur character)			
Name		How do they know you?				
Address		Phone				
Name	ame		How do they know you?			
Address		Phone				
I hereby give the Greater Elizabethtown Area Recreation Commission & Community Services (GEARS) the right to make a thorough investigation into my pervious employment, education and references. I release, indemnify and hold harmless GEARS from and against any and all liability which might result from making such an investigation. I understand that any false answer, statement or representation made by me in this application shall constitute sufficient cause for discharge. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time, for any reason or for no reason, and that GEARS retains a similar right. I understand that, if accepted for employment, it is necessary to abide by the rules and policies of GEARS and that I will be on a 90-day probation before being considered a regular employee. Signature: Date: Date: All applicants/candidates for positions are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or disability. GEARS is an equal opportunity employer. Applications should be returned to GEARS, 600 East High Street, Elizabethtown, PA 17022. Phone: (717) 367-0355.						
ACTIVITIES CHEC	KLIST					
	vities which you have taken part in and anized and organized/administered.	with which you are familiar.	Check both boxes for those activities			
CERTIFICATIONS CPR First Aid Other AQUATICS Swimming Water Safety Instructor Water Exercise Class Other	OUTDOOR/NATURE /		DRAMA Puppets Pantomimes Plays/Skits Story Telling Other DANCE Ballroom Country Square			
SPORTS Aerobics Basketball Football Soccer Wrestling Baseball/Softball Volleyball Track & Field Tennis Gymnastics Cheerleading Lacrosse Weight Training Other	ARTS & CRAFTS Oils/Watercolors Pottery/Ceramics Needlecraft/Weavi Costuming Crafts with Preschecrafts with School Crafts with School Crafts with Adults Crafts with Seniors Other MUSIC Song Leading Chorus Band Music Lessons Other	ooler Age S	Godule Modern Jazz Ballet Hip Hop Modern Other Othe			