

**SHILLINGTON RECREATION BOARD**  
Employment Application

Please print an answer to every question. Do **NOT** leave a question blank. If a particular question does not apply to you, so state with **N/A**.

Date \_\_\_\_\_

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

2. If you are a student:

A. High School Attending \_\_\_\_\_

Highest Grade completed by June, 20\_\_\_\_, Grade \_\_\_\_\_

B. College Attending (if applicable) \_\_\_\_\_

Freshman \_\_\_\_\_, Sophomore \_\_\_\_\_, Junior \_\_\_\_\_, Senior \_\_\_\_\_

3. What prompted you to apply for this job? \_\_\_\_\_

4. Check position(s) for which you are applying:

_____ Pool Manager	_____ Asst. Pool Manager	_____ Desk Clerk
_____ Swim Coach	_____ Asst. Swim Coach	_____ Lifeguard
_____ Snack Bar Manager	_____ Snack Bar	_____ Diving Coach
_____ Playground Leader	_____ Tot Lot Leader	

5. Are you qualified in the following:

\_\_\_\_\_ Advanced Life Saving      Expiration Date \_\_\_\_\_

\_\_\_\_\_ W.S.I.      Expiration Date \_\_\_\_\_

\_\_\_\_\_ CPR      Expiration Date \_\_\_\_\_

\_\_\_\_\_ Basic First Aid      Expiration Date \_\_\_\_\_

6. Do you have the following **required** clearances: (**attach copies of your certificates**)

\_\_\_\_\_ Child Abuse History      Date Obtained \_\_\_\_\_

\_\_\_\_\_ Criminal History Check      Date Obtained \_\_\_\_\_

\_\_\_\_\_ Fingerprinting      Date Obtained \_\_\_\_\_

**\*NOTE:** You are required to have these clearances prior to starting your employment.

7. Have you completed the **mandatory** Child Abuse (Act 126) Training? \_\_\_\_\_

**-If yes, please attach a copy of your certificate**

8. If you are under eighteen (18) years of age do you have working papers?

**-Circle one**                      Yes                      No                      Not Applicable (over 18)

9. How long have you lived in the State of Pennsylvania? \_\_\_\_\_

10. What experiences have you had that qualifies you for the position for which you are applying?

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

11. Are you a returning employee? \_\_\_\_\_ If yes, previous position \_\_\_\_\_

12. First date you would be available to work \_\_\_\_\_

13. List any dates you cannot work \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_

Applicant's Signature

**PLEASE RETURN TO:** [kyle.kuser@gmsd.org](mailto:kyle.kuser@gmsd.org) (put Employment Application in subject line)

**ALL APPLICATIONS MUST BE RETURNED BY MARCH 31, 2023.**