

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:

| | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Pool Manager | <input type="checkbox"/> Asst. Pool Manager | <input type="checkbox"/> Desk Clerk |
| <input type="checkbox"/> Swim Coach | <input type="checkbox"/> .Asst. Swim Coach | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> Snack Bar Manager | <input type="checkbox"/> Snack Bar | <input type="checkbox"/> Diving Coach |
| <input type="checkbox"/> Playground Leader | <input type="checkbox"/> 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. Have you obtained the following **required** clearances: (**attach copies of your certificates**)

Child Abuse History Date Obtained _____

Criminal History Check Date Obtained. _____

Fingerprinting Date Obtained. _____

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: Borough of Shillington

2 E. Lancaster Avenue, P.O. Box 247, Shillington, PA 19607

or email to Kyle.Kuser@gmsd.org (put Employment Application in subject line)

ALL APPLICATIONS MUST BE RETURNED By April 1st, 2025.