



Township of Whitehall – Initial Application for Seasonal Employment

Whitehall Township considers applicants for all positions without regard to race, color, sexual orientation, religion, creed, gender, national origin, age within job requirements, disability, marital or veteran status, or any other legally protected status. EOE\AA\ADA

What position are you interested in?				
<input type="checkbox"/> Pool Manager *	<input type="checkbox"/> Lifeguard *	<input type="checkbox"/> Camp Counselor *	<input type="checkbox"/> Seasonal Maintenance **	<input type="checkbox"/> Public Works Laborer **

* Applicant must have current lifeguard training, CPR and first aid certification. Please attach copies to application.

** Applicant must possess a current, PA-issued Driver’s License

Name:	
Address:	
City, State, Zip:	
Phone:	
Email:	
If you are under 18 years of age, can you furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for work in the United States? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Proof of U.S. Citizenship or immigration status will be required upon employment.

****Important Note: All applicants must possess government-issued photo identification. A photo identification card can be issued to any Pennsylvania resident who is at least 10 years of age at any Driver’s License Center.**

AVAILABILITY:

Earliest date you are available to start:	
Last date available for work:	
If applicable, will you need time off from work this summer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DATES:

<i>Please indicate your availability below:</i>				
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day	<input type="checkbox"/> Not Available
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day	<input type="checkbox"/> Not Available
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day	<input type="checkbox"/> Not Available
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day	<input type="checkbox"/> Not Available
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day	<input type="checkbox"/> Not Available
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day	<input type="checkbox"/> Not Available
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> All Day	<input type="checkbox"/> Not Available

EDUCATION INFORMATION:

Years of Education Completed:	High School: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
High School Attended:	Graduated/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College Attended:	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS:

Please list any technical training:	
Please list any special skills:	
Please list any certifications/licenses:	

EMPLOYMENT HISTORY:

Employer:	City, State:	Phone:
Length of Employment: From _____ To _____	Duties: _____ _____	
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list a contact name: _____	Positions Held: _____ Special Skills/Knowledge Gained: _____ _____ Reason for Leaving: _____	
Employer:	City, State:	Phone:
Length of Employment: From _____ To _____	Duties: _____ _____	
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list a contact name: _____	Positions Held: _____ Special Skills/Knowledge Gained: _____ _____ Reason for Leaving: _____	
Employer:	City, State:	Phone:
Length of Employment: From _____ To _____	Duties: _____ _____	
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list a contact name: _____	Positions Held: _____ Special Skills/Knowledge Gained: _____ _____ Reason for Leaving: _____	

REFERENCES:

Name	Phone	Years Known

CERTIFICATION

It is understood that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer has the authority to make any assurances to the contrary. I give the employer the right to investigate and to secure additional information about me if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: _____ Date: _____