

EDCO PARK POOL EMPLOYMENT APPLICATION

Section 1 Personal details

Title:		Name:			
Address:					Zip:
Home Phone:				Cell phone	
E-Mail address:					
Are you eligible to work anytime?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, what are your restrictions?					
Is your family a member of EDCO pool?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you at least 15 years old?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If under age 18 do you have parental consent to work?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a work permit? Is it transferable?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a current Lifeguard Certification?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have current PA Child Clearances?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Applied <input type="checkbox"/>
CHILD ABUSE • <i>Child Abuse History Clearance from the Department of Human Services</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Applied <input type="checkbox"/>
PSP CLEARANCE • <i>Report of criminal history from the Pennsylvania State Police</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Applied <input type="checkbox"/>
FBI CLEARANCE • <i>Fingerprint based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI).</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Applied <input type="checkbox"/>
Do you have any other certifications or skills?					

Section 2 Education

Date From	Date To	Name of Schools High School/ College	Current Grade Level

Section 3 Employment Record

Please list chronologically, starting current or last employe

Name and Address of Employer	Date From	Date To	Job Title	Salary/Hrly	Reason For Leaving
Supervisor Name:			Phone Number:		
Supervisor Name:			Phone Number:		
Supervisor Name:			Phone Number:		

Section 4 References

Reference 1

Name:	
Job Title	
Relationshi	
Cell #	
E-mail	

Reference 2

Name:	
Job Title	
Relationshi	
Cell #	
E-mail	

Section 5 Declaration

I confirm that the information provided is both truthful and accurate. I have admitted no facts that could affect my employment. I understand that any false statements could place my potential employment in jeopardy.

Signed:

Date: