

1301 Kauffman Road | Pottstown, PA 19464 | Phone: 484.624.2507 www.pottsgroverec.com

2020 Seasonal Employment Application – Summer Playground

Mail completed application to the above address. Attention: Pam Ball

$\underline{Please\ print\ \&\ fill\ out\ completely.}$						
Name:			· · · · · · · · · · · · · · · · · · ·			
Address:		_ City:		State:	Zip Code:	
Home Phone:		Ce	ll Phone:			
Date of Birth:		_Social Securit	y Number:			
E-mail Address:						
** Please provide an email addres	ss that is chec	ked regularly	as all commun	ication w	rill be made througl	n e-mail. *
Please indicate T-Shirt Size:	Adult Small	Adult Mediu	ımAdult L	arge	_Adult X-Large	_Adult 2-X
Education Information:						
High School:			Current Year i	n School,	/Graduation Year: _	
High School City/State:						
College/University:			Current Year i	n School,	/Graduation Year: _	
College/University City/State:						
Concentration/Major:	 	 				
Post Graduate Education:			Current Year ii	n School/	Graduation Year: _	
Concentration/Major:						
Skills & Training: Please list all app	olicable skills	and training fo	or applicable jo	b (babys	sitting, community	service,
school clubs, computer skills, etc.)						
Summer Playground Positions to b	oe considered	l for: (Please cl	<u>neck)</u>			
Summer Playground Superv	visor (Lower	Pottsgrove Ele	mentary & We	st Pottsg	rove Elementary)	
Lower Pottsgrove Elementary:	Leader	Counselor	·Volunte	er CIT (C	Counselor in Trainir	ıg)
West Pottsgrove Elementary:	Leader	Counselor	Volunte	eer CIT (0	Counselor in Traini	ng)

Employment: Please list your last or present job.	
Company Name:	Position:
Work Dates:	Work Phone:
References:	
Name:	Relationship:
Company/School:	Phone:
Name:	Relationship:
Company/School:	Phone:
Emergency Contact:	
Name:	Relationship:
Address:	Phone:
Allergies or important medical information:	
By signing this application, I certify that the information of accurate and complete. I understand and agree that failur omission of facts, may be cause for rejection of application Recreation Board to investigate, without liability, all states materials. I authorize references and former employers, we connection with this application for employment. If requested, I agree to submit to a physical exam, criminate for illegal substances upon conditional offer of employment that this document is NOT an offer of employment, and the constitute a contract for continued guaranteed employment Recreation serve at-will, and the employment relationship no reason, other than a reason prohibited by law.	re to fully complete the form, or misrepresentation or a or dismissal after employment. I authorize Pottsgrove ments contained in this application and supporting without liability, to make full response to any inquiries in and credit background investigation, and/or screening int, some of which may be at my expense. I understand at an offer of employment, if tendered, does NOT int. I understand that staff employees of Pottsgrove
If employed, I will be required to furnish proof of eligibilit company and departmental regulations. I understand that hours worked only, and would be ineligible for benefits in	if employed on a temporary basis, I would be paid for
Signature:	Date:
Print Name:	
	Interview Date:
Starting Salary:	