



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

2024 Seasonal Employment Application – Summer Playground

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

Please print & fill out completely.

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

** Please provide an email address that is checked regularly as all communication will be made through e-mail. ** Please

indicate T-Shirt Size: _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____ Adult 2-X

Education Information:

High School: _____ Current Year in School/Graduation Year: _____

High School City/State: _____

College/University: _____ Current Year in School/Graduation Year: _____

College/University City/State: _____

Concentration/Major: _____

Post Graduate Education: _____ Current Year in School/Graduation Year: _____

Concentration/Major: _____

Skills & Training: Please list all applicable skills and training for applicable job (babysitting, community service, school clubs, computer skills, etc.)

Summer Playground Positions to be considered for: (Please check)

____ Leader ____ Senior Counselor ____ Counselor ____ Jr. Counselor ____ CIT (Counselor in Training)

Employment: Please list your last or present job.

Company Name: _____ Position: _____

Work Dates: _____ Work Phone: _____

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:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

By signing this application, I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, may be cause for rejection of application or dismissal after employment. I authorize Pottsgrove Recreation Board to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment, some of which may be at my expense. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Pottsgrove Recreation serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.

Signature: _____ Date: _____

Print Name:

Pottsgrove Recreation Board is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Administration Use Only

Date Received: _____ Interview Date: _____

Position Offered: _____ Hired: Yes No Starting Salary: _____