

## **Downingtown Area Recreation Consortium**

114 Bell Tavern Road, Downingtown, PA 19335
Phone: 610-269-9260 Email: downingtownrec@gmail.com

## APPLICATION FOR EMPLOYMENT

Date of Application: **Personal Information** Name: Address: State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: Cell Phone: Email Address: Social Security Number: \_\_\_\_\_ Are you 18 years or older? YES  $\square$ NO Physical Record: DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT MAY PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES □ NO  $\square$ PLEASE DESCRIBE: In case of Emergency Notify: Name Phone# **Employment Desired** Position Applying For:\_\_\_\_\_\_ Date you can start:\_\_\_\_\_ Summer Vacations Dates: \_\_\_\_\_ Are you employed now? If so, may we inquire of your present employer? Have you ever applied to our company before? If so, when? **Education History** Did you **Years Completed** Name Of School **Subjects Studied** graduate? **High School** College Other (specify...Trade, etc.) THE FOLLOWING MUST BE COMPLETED Have you ever been convicted of or plead guilty or no contest to a felony? Yes No Have you ever been convicted of or plead guilty or no contest to a misdemeanor? No Have you ever been required to register in Pennsylvania or another state under Megan's Law? Yes No Have you ever been convicted of a crime against minors? No If the answer is "yes" to any of these questions, please give the nature of the crime, dates of convictions and the court in which you were convicted:

Employment History (List most recent one first)								
Name & Address	Telephone #			Name of Supervisor		pervisor	Employment Dates	
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References (Give the names of at least 3 people, not related to you, who have known you at least one year)								
Name & Occupation	Name & Occupation Address		Telephone #				Time Known	
Clearances & Certifications								
,		CPR			Expiration Date			
			t Aid	Yes No Expiration Date				
Lifesavin				Yes	No	-	on Date	
Do you have a Pennsylvania Child Abuse History Clearance?  Do you have a Pennsylvania Criminal Record Background Check?				Yes Yes	No No		tion Date tion Date	
Do you have a Federal (FBI) Criminal History Report?				Yes	No		tion Date	
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APPLICANT STATEMENT- must be signed and must not be altered:  The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement may result in immediate dismissal at any time. Downingtown Area Recreation Consortium (DARC) is hereby authorized to contact my present and past employers as references to obtain any information about me contained in their personnel records and any evaluations of my job knowledge, skills, and performance. DARC is hereby authorized to make any investigation of my educational history. As a condition of employment, I give permission for DARC to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon DARC receiving no inappropriate information on my background. I hereby release and hold harmless from liability DARC, Downingtown Area School District, Downingtown Borough, East Brandywine Township, East Caln Township, Upper Uwchlan Township, Uwchlan Township, West Bradford Township, and West Pikeland Township) its officers, employees and volunteers thereof, from any liability or damage which may result from furnishing the information requested. To help ensure a safe and healthful working environment, I understand that I may be asked to provide body substance samples to determine the illicit or illegal use of drugs and alcohol. I acknowledge that if I become employed by DARC, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.  IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT. APPLICANT'S SIGNATURE IS REQUIRED TO PROCESS APPLICATION.								
Signature:				Date:				