

## **Newtown Township Parks & Recreation**

100 Municipal Drive, Newtown, PA 18940 Telephone: 215-968-2800 ext. 239

Email: Recreation@NewtownPA.gov
Township Website: www.NewtownPA.gov
Recreation Website: www.NewtownFun.com

## 2022 Application for Employment with Parks and Recreation

Federal, state, and local laws and regulations prohibit discrimination on the basis of race, color, religion, national origin, ancestry, sex, disability, and age. Depending upon employment location, other employment prohibitions and restrictions may apply. The information on this application is not solicited for, nor will be used for, the purpose of unlawful discrimination. Newtown Township is an Equal Opportunity Employer.

## PRINT LEGIBLY, IN BLACK OR BLUE INK ONLY

Name:			
First	Middle	Last	
Position applied for:			
Please number your first and secon June to beginning of August. (Pleas must satisfy the needs of the camp	se note, preferences are	•	
Camp Newtown*: six weeks,	full day, grades 1-5, at N	lewtown Elementary S	chool
Camp Beechtree: six weeks, l	half day, ages 4-6, at Wr	ghtstown Elementary	School
Playground Camp: six weeks,	half day, grades 1-5, at 0	Goodnoe Elementary S	chool
Adventure Camp**: six week	ks, full day, grades 6-8, a	Newtown Middle Sch	ool
	*must be at least 16 y	o; **must be at least l	!8 y/o
Mandatory training (paid) is expect begins. Details will follow upon him		rough Friday before ca	mp
Will you be participating in any act	ivities that will restrict y	our availability? If yes,	please
describe:			

## **Personal Data**

Address:								
	Street	Apt. No	Apt. No/PO Box					
_	City	State		Zip				
Phone (cell):	Alternate number:							
Email:	Shirt Size (cotton, unisex)							
Are you under 18	3 years of age?							
If so, when do yo	ou turn 18?							
	Educati	on Record						
Education Record								
School	Name & Address	Years Attended	Graduation Date	Course/Major				
High School								
College								
Post Graduate								
Business or Trade								
State the training	g, experience, education, c	or any other fact	s, which partic	ularly qualify				
you for the job s	ought, including capabilitie	es and licenses s	uch as CPR/FA,	etc.				

			Employ	ment Hi	story		
		•	• •		our most rec	ent employer	. If this is
	, p.ease						
Dates From/to	1	ress, Phone ployer	Position	Pay/hr	Reason for Leaving	Supervisor	Permission to contact?
Tromyto	OI LIII	pioyei			Leaving		to contact:
If necesso	ary, attach	any additio	nal inform	nation.			
			Re	eferences			
List three	individuals	who have	known yo	u at least	two (2) year	s and whom v	ve may
contact:							
Na	me	Address			Phone Number		
			Applica	nt's State	ment		
I certify th	at the answ	ers given he	rein are tru	ue and cor	nplete.		
Lauthoriza	o invoctigatio	on of all stat	omonts so	ntained in	this applicatio	n for employm	ont as may
	ary in arrivin				инѕ аррисано	ii ioi eilipioyii	ient as may
lam not u	ndor any ro	strictions by	virtuo of o	mnlovmo	at with a forme	er employer wi	sich would
	unctions or p			проупе	it with a forme	er employer wi	iicii woulu
This applie	sation chall b	o considera	d active fo	r a pariad	of time as date	ermined by the	omployer
тиз аррис	Lation Shall k	je considere	d active to	та репои	or time as deti	eriffined by the	e employer.
	s an agreem			-		nt from Newto executed by b	-
In the eve	nt of employ	/ment, I und	erstand th	at false or	misleading inf	ormation give	n in my
applicatio		w may resul	t in dischai	rge. I unde	_	m required to	-
Signature	<b>:</b>				Date	<b>::</b>	