



# APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_

We consider applications for all positions without regard to actual or perceived ethnicity, race, color, ancestry, religion, national origin, gender, gender identity or expression, marital or familial status, age, sexual orientation, mental or physical disability, use of guide or support animals or mechanical aids and/or source of income.

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s) (H) _____ (C) _____			Social Security Number _____-_____-____		

Position(s) Applied For	Date of Application	
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Best time to contact you between 9 a.m. - 4 p.m. \_\_\_\_\_:\_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of eligibility to work? ....  Yes  No

Have you ever filed an application with us before? .....  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends, relatives, or spouse work here?.....  Yes  No

If Yes, who? \_\_\_\_\_

Are you currently employed?.....  Yes  No

May we contact your present employer? .....  Yes  No

Can you lawfully become employed in this country? .....  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you applying for:  Full-Time

Part-Time

Summer Help (Please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.  
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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## CRIMINAL BACKGROUND CHECK AUTHORIZATION

I hereby authorize the Borough of Conshohocken to have the Pennsylvania State Police do a criminal Background check.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Borough of Conshohocken is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Borough.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Borough of Conshohocken Summer Day Camp Camp Counselor Application 2020

**Directions:** Please complete the following personal information by typing or printing legibly.

Name: \_\_\_\_\_

Are you a current student? YES / NO    Where: \_\_\_\_\_    Year in School: \_\_\_\_\_

If not a student, please list current occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

**Directions:** Please complete the following work experience information by typing or printing legibly. For each section, list responsibilities and dates where applicable.

Relevant Experience Working with Children

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List any experience with specific sports and/or activities (arts/crafts, games, clubs)

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Explain why you are interested in working as a summer camp counselor for the Borough of Conshohocken Summer Day Camp.

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Describe any special skills, talents, or attributes that would make you an excellent camp counselor.

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Please list any commitments for June 23<sup>rd</sup> – August 14<sup>th</sup>, 2020.

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**Borough of Conshohocken Summer Day Camp  
Camp Counselor Application 2020**

Please submit your completed application and resume by **March 15, 2020** to

**MAIL**

Borough of Conshohocken Summer Day Camp  
c/o: Christine Dougherty  
515 Harry St.  
Conshohocken, PA 19428

**E-MAIL**

**OR**

[cdougherty@conshohockenpa.gov](mailto:cdougherty@conshohockenpa.gov)

