

Hopewell Area Recreation & Parks
16 College Avenue
Stewartstown, PA 17363
(717) 993-2255

Application for Employment
(Please Print Clearly)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify our director. Please submit completed application to info@harp-online.org or in person at 16 College Avenue Stewartstown, PA 17363.

Position(s) applied for _____ Date of application ____/____/____

Referral Source ___ Advertisement ___ Employee ___ Relative ___ Government Employment Agency

___ Walk-in ___ Private Employment Agency ___ Other _____

Name of source (if applicable) _____

NAME _____

LAST

FIRST

MIDDLE INITIAL

ADDRESS _____

STREET

CITY

STATE

ZIP CODE

TELEPHONE# _____ CELL# _____ EMAIL _____

Are you legally eligible for employment in this country?..... ___yes ___no

If you are under 18 and it is required, can you furnish a work permit?..... ___yes ___no

If no, please explain _____

Have you submitted an application for any position at HARP before? ___yes ___no

If yes, give date & position _____

Date available for work _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ___yes ___no

If yes, please provide date(s) and details _____

Are there any criminal charges pending against you at this time? ___yes ___no

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

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Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer _____ Telephone # _____

Dates Employed From _____ To _____

Summarize the type of work performed and job responsibilities _____

Address _____

Starting Job Title/Final Job Title _____ / _____ Starting Hourly Rate/Salary ____ / ____

Immediate Supervisor and Title _____ Reason for Leaving _____

May we contact for reference? Yes or No

Employer _____ Telephone # _____

Dates Employed From _____ To _____

Summarize the type of work performed and job responsibilities _____

Address _____

Starting Job Title/Final Job Title _____ / _____ Starting Hourly Rate/Salary ____ / ____

Immediate Supervisor and Title _____ Reason for Leaving _____

May we contact for reference? Yes or No

Employer _____ Telephone # _____

Dates Employed From _____ To _____

Summarize the type of work performed and job responsibilities _____

Address _____

Starting Job Title/Final Job Title _____ / _____ Starting Hourly Rate/Salary ____ / ____

Immediate Supervisor and Title _____ Reason for Leaving _____

May we contact for reference? Yes or No

Skills and Qualifications

Summarize any special training (ex. CPR/1st Aide), skills (Babysitting), licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Please attach any additional information if necessary.

Educational Background

School Currently Attending _____ Expected Year of Graduation _____

References

List name and telephone number of three school or personal references who are not related to you.

Name _____ Telephone Number _____ # of years know _____

Name _____ Telephone Number _____ # of years know _____

Name _____ Telephone Number _____ # of years know _____

Additional Information

Please attach any additional information if necessary.

List any additional information you would like us to consider.

APPLICANT STATEMENT

I certify that all information I have provided (including additional information as attached) in order to apply for and secure work with Hopewell Area Recreation & Parks is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from HARP's service, whenever it is discovered.

I expressly authorize, without reservation, HARP, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding HARP, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that HARP does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from HARP and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and HARP reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of HARP is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Chairman of the HARP Board.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____