

**SHOHOLA FALLS TRAILS END P.O.A.
190 SHOHOLA PARKWAY SOUTH
SHOHOLA, PA 18458**

EMPLOYMENT APPLICATION

DATE: _____

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____
 Number Street City State Zip

DAYTIME TELEPHONE NUMBER: _____

TRAILS END LOT #: _____ TRAILS END TELEPHONE #: _____

IF UNDER THE AGE OF 18 PLEASE STATE AGE: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? _____ YES _____ NO

HAVE YOU APPLIED HERE BEFORE? _____ HAVE YOU WORKED HERE BEFORE? _____

POSITION DESIRED: _____ RATE OF PAY EXPECTED: _____

CAN YOU WORK FULL-TIME? _____ PART-TIME? _____

SPECIFY DAYS & HOURS: _____

ANTICIPATED LAST DAY OF WORK: _____

IF APPLYING FOR LIFEGUARD, DO YOU HAVE A SENIOR LIFESAVING CERTIFICATE? _____

GIVE THREE REFERENCES (NAME, ADDRESS & PHONE #) OTHER THAN FAMILY MEMBERS:

1. _____

2. _____

3. _____

EDUCATION – SCHOOLS ATTENDED & ADDRESS	YEARS ATTENDED	GRADUATED
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1. _____

2. _____

3. _____

OTHER TRAINING:

1. _____

2. _____

3. _____

(OVER)

EMPLOYMENT HISTORY:

DATES OF EMPLOYMENT	COMPANY NAME SUPERVISOR ADDRESS PHONE NUMBER	DESCRIPTION OF DUTIES	REASON FOR LEAVING	RATE OF PAY
From:				
To:				
From:				
To:				
From:				
To:				

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE RELATIONSHIP

SIGNATURE: _____ DATE: _____

FOR ADMINISTRATIVE USE ONLY

COMMENTS: _____

