

CENTRAL BLAIR RECREATION & PARK COMMISSION

2101 5th Avenue, Altoona, PA 16602

Personal Information

APPLICATION FOR EMPLOYMENT

DATE _____

This Commission is an equal opportunity employer. Federal and State laws prohibit discrimination in employment because of race, color, religion, age, sex, or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, age, sex, or national origin.

Name _____ Social Security No. _____
(Last) (First) (Middle initial)

Present Address _____
(No. Street) (city) (state) (zip)

Telephone Number (_____) Cell Number (_____) Sex Male Female

Have you lived at this address more than one year? _____ If not, please state previous address:

(No. Street) (City) (State) (Zip)

Are you 16 years of age or older? _____ Are you more than 65 years of age? _____

E-Mail address _____

Position(s) applied for: _____

Full Time _____ Part Time _____ Summer _____

Were you previously employed by us? _____ Position _____

Have you ever pleaded guilty or been convicted of a crime other than a misdemeanor or summary offense? Yes _____ No _____

Do you have a current/valid PA driver's license? _____

Do you have a valid PA Child Abuse Clearance? Yes No Do you have a valid PA State Police Clearance Yes No

Do you have a valid FBI Fingerprint Clearance? Yes No **PLEASE ATTACH ALL CLEARANCES WITH THIS APP.**

If your application is considered favorably, on what date will you be available for work? _____ 20____

Education

High School: Grade completed as of June 15, 2018 9th 10th 11th 12th

School _____ City _____

High School Diploma: Yes _____ No _____ G.E.D.: Yes _____ No _____

College: Number of years completed 1 2 3 4

School _____ City _____ State _____

Major _____ Degree Earned _____

Certificates and/or background information for job applied.

Employment - List last employer first. Include U.S. military service.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

References - Give below the names of three persons not related to you, whom you have known at least 1 year.

Name	Address	Business	Phone Number
1.			
2.			
3.			

Physical Record

Do you possess any physical disabilities which would prevent you from performing the position sought? Yes No

Give details - _____

In case of emergency notify _____
(Name) (Address) (Phone number)

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the Commission permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for dismissal if such false statement is discovered subsequent to my employment. I understand that as a part of the Commission procedure for processing my employment application, an investigation and a report may be made by a consumer reporting agency in the process of which information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom the applicant has been acquainted. This inquiry may include information as to the applicant's character, general reputation, personal characteristics, whichever may be applicable. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by the Commission of the nature and scope of the investigation requested. If this application for employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency making the report.

Signature