

City of Ephrata
Application for Employment @ Splashzone

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For: _____ Date _____

Last Name _____ First Name _____ Middle Name _____

Address Number _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security Number _____

Best time to contact you at home is: _____

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

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

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

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

Are you prevented from lawfully becoming employed in this
Country because of Visa or Immigration Status
Proof of Citizenship or immigration status will be required upon employment.....Yes _____ No _____

Date available to work..... _____

Shirt Size _____ Short Size _____ Women's swim suit _____

Education

High School	Years Attended	Grade Point Average	Diploma/Degree

College	Years Attended	Grade Point Average	Diploma/Degree

Other (Specify)	Years Attended	Grade Point Average	Diploma/Degree

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Include copies of relevant certifications (front and back)

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

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.

Employer		Dates Employed		
Address Number	Street	City	State	Zip Code
Job Title	Supervisor	Phone	Hourly Rate	
Work Performed				

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References

Name	Phone	Relationship

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 of employment shall be considered active for a period of time not to exceed 45 days. 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 this organizations is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 conduct unless such change is specifically acknowledged in writing by authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my applications 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