

# PALMERTON MEMORIAL PARK ASSOCIATION

PO BOX 33 Palmerton, Pa 18071

(off season) 610-826-5910

PALMERTON, PA 18071

(in season) 610-826-5357

## Application for Employment at PMPA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you a returning employee? Yes \_\_\_\_\_ What position? \_\_\_\_\_

Email Address \_\_\_\_\_ No Did someone refer you? \_\_\_\_\_

In case of Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

What position are you applying for? Candy Stand/Office  
\_\_\_\_\_ Maintenance  
\_\_\_\_\_ Lifeguard

### Lifeguard Applicants Only

Where did you receive your certification? \_\_\_\_\_

Who was the instructor? \_\_\_\_\_

When does your certification expire? \_\_\_\_\_

### Education

High School Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Major \_\_\_\_\_

Other \_\_\_\_\_

### Previous Employment

Company \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Wage \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Reason employment ended \_\_\_\_\_ Eligible for Rehire? Y / N

Describe your duties \_\_\_\_\_ May we contact former employer? Y / N

Company \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Wage \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Reason employment ended \_\_\_\_\_ Eligible for Rehire? Y / N

Describe your duties \_\_\_\_\_ May we contact former employer? Y / N

**Availability**

Date you can start work \_\_\_\_\_ Last day you can work \_\_\_\_\_ Are you applying for full time / part time?

Day(s)/time(s) you cannot work (please include vacations already scheduled as well as any other dates you would be unavailable)

Do you drive? Yes / No      Do you own a vehicle? Yes / No      Do you have reliable transportation? Yes / No

Are you a US Citizen Yes / No      Have you ever been convicted of a crime? Yes / No

Do you have any relatives who anticipate being employed by PMPA this season? Yes / No      If yes, who? \_\_\_\_\_

**Personal Qualities**

Please list special skills that you have that would benefit PMPA? \_\_\_\_\_

Why should PMPA hire you? \_\_\_\_\_

Why do you want this job? \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Phone \_\_\_\_\_ For how long has this person known you? \_\_\_\_\_

How does this person know you? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ For how long has this person known you? \_\_\_\_\_

How does this person know you? \_\_\_\_\_

I affirm that the answers on this application are, to the best of my knowledge, completely honest and accurate. I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from PMPA if I have been employed. I agree that just as I am free to resign at any time, PMPA reserves the right to terminate my employment at any time, with or without cause and/or prior notice. I understand that no representative of PMPA has the authority to make any assurances to the contrary. I give PMPA the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability PMPA and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_