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) applie	d for		Date of application//				
				Government Employr	nent Age	ncy	
Walk-inPr	ivate Employment /	AgencyOth	ner				
Name of source (i	f applicable)						
NAME							
	LAST		FIRST		MIDDL	E INTIAL	
ADDRESS							
	STREET		CITY			ZIP CODE	
TELEPHONE#		CELL#		EMAIL			
Are you legally eligi	ble for employment ir	this country?				yes	no
If you are under 18	and it is required, can	you furnish a w	vork permit?			yes	no
If no, please explair	۱						
Have you submitted	d an application for an	y position at HA	ARP before? _	yesno			
If yes, give date & p	position						
Date available for w	vork						
Have you ever pled	"guilty" or "no contes	st" to, or been c	onvicted of a	crime?yesnc)		
If yes, please provid	le date(s) and details_						
Are there any crimi	nal charges pending a	gainst you at th	is time?	_yesno			
If yes, please provid	le 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.

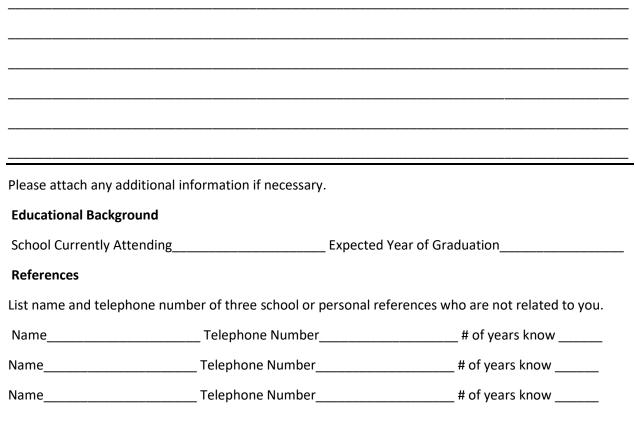
AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Employer		Telephone #
Dates Employed From		
Summarize the type of work perfo	ormed and job res	sponsibilities
Address		
Starting Job Title/Final Job Title	/	Starting Hourly Rate/Salary/
Immediate Supervisor and Title		Reason for Leaving
May we contact for reference?	res or No	
Employer		Telephone #
Dates Employed From	To	-
Summarize the type of work perfo	ormed and job res	sponsibilities
Address		
Starting Job Title/Final Job Title	/	Starting Hourly Rate/Salary/
Immediate Supervisor and Title		Reason for Leaving
May we contact for reference?	íes or No	
Employer		Telephone #
Dates Employed From	То	_
Summarize the type of work perfo	ormed and job res	sponsibilities
Address		Starting Hourly Rate/Salary/
AddressStarting Job Title/Final Job Title	//	

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.



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 ____/____