UPPER MACUNGIE TOWNSHIP

Application for Part-Time Seasonal Employment

Please Print and Fill Out Clearly and Completely:

Name:_____

Address: _____City:_____State/Zip:_____

Phone Number: _____Email: _____

Location Preference: **Please rank preference 1-3 (1 being most preferred)*

1 ____Jaindl Elementary School

2 ____Fogelsville Elementary School

3 ____Veterans Elementary School

Please Indicate T-shirt Size:

Adult Small☐ Adult Medium☐ Adult Large☐ Adult XL☐ Adult 2X☐ Adult 3X☐

What Positions(S) Are You Applying For? **Select one or multiple*

☐ Summer Camp Counselor
☐ Summer Camp Assistant Site Supervisor
☐ Summer Camp Site Supervisor *(must be 18 years of age or older)*
☐ Summer Camp Coordinator *(must be 18 years of age or older)*

Why Do You Want to Work with and Care for Children?

_____

_____

_____

Have You Been Previously Employed by Upper Macungie Township? ☐ Yes ☐ No

Are You At Least 16 Years Old? ☐ Yes ☐ No
*(If hired: must provide copy of work permit under Age 18. *Some positions require minimum of 18 years old.)*

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

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EDUCATIONAL BACKGROUND:

High School:_____Highest Grade Completed:_____

College/ Vocational School:_____Highest Grade Completed:_____

Major:_____Degree Earned:_____

Other Training or Degree:_____

School:_____

CERTIFICATIONS: (Please List Certifications or Training you may already have)

Type of Certification:_____Date Received:_____Date of Expiration:_____

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SKILLS, QUALIFICATIONS, HOBBIES AND HONORS RECEIVED: (Please list any special skills, qualifications or hobbies that may be useful in this position. Include foreign languages, or sports experience community service or any other volunteer work).

_____

_____

_____

_____

EMPLOYMENT HISTORY: (Start with most recent)

From:_____To:_____

Employer Name:_____Job Title:_____

Employer Address:_____

Supervisor Name:_____Telephone Number:_____

Reason for Leaving_____

From:_____To:_____

Employer Name:_____Job Title:_____

Employer Address:_____

Supervisor Name:_____Telephone Number:_____

Reason for Leaving_____

From:_____To:_____

Employer Name:_____Job Title:_____

Employer Address:_____

Supervisor Name:_____Telephone Number:_____

Reason for Leaving_____

PROFESSIONAL REFERENCES:

Name:_____Phone Number:_____

Name:_____Phone Number:_____

Name:_____Phone Number:_____

Upper Macungie Township is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), sexual orientation, gender, age (40 and over), citizenship, past, current or prospective service in the uniformed services, genetic information, having a diploma based on passing a general educational development test as compared to a high school diploma, physical or mental disability, non-job related handicap or disability, known relationship or association with a person who has a handicap or disability, use of a guide or support animal because of blindness, deafness or physical handicap, or any other characteristic protected under federal, state or local law .

Applicant's Certification

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Upper Macungie Township to verify their accuracy and to obtain reference information on my work performance. I hereby release Upper Macungie Township from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that any misrepresentation or omission of material fact on my application may be justification for refusal of employment. If employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I also understand that my employment is conditional until results of my criminal, child abuse history, FBI fingerprint clearance, and other documents required by law are completed and until information given by me have been verified.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Township. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Applicant Signature:_____ **Date:**_____

If you have any questions please contact Emily Crosby-Piszczek, Recreation Supervisor, 610-395-4892 ext. 130 or email: ecrosby-piszczek@uppermac.org

Return completed applications via email, by mail, or in person (M-F 7:30-4)

- Email: ecrosby-piszczek@uppermac.org
- Mail / in person drop off:
  Upper Macungie Township
  Attn: Recreation Supervisor
  8330 Schantz Rd
  Breinigsville, PA, 18031