City of Ephrata
Application for Employment @ Splash Zone

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.

General Information:

Position(s) Applied For:				Date:
Name (Last)	**(First)**		**(Middle Initial)**	**Home Telephone** ( ) -
Address (Mailing Address)	**(City)**	**(State)**	**(Zip)**	**Other Telephone** ( ) -

Social Security Number - -	If you are under 18 years of Age can you provide required proof of your eligibility to work?	☐ Yes ☐ No ☐ N/A
	Are you prevented from lawfully becoming employed in this Country? *(Proof of Citizenship or immigration status will be required upon employment)*	☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No	Are you currently employed?	☐ Yes ☐ No
If yes when and for what position:	May we contact your present employer?	☐ Yes ☐ No ☐ N/A
Date Available to work:	Best time to contact you:	

Shirt Size:	Short Size:	Women's Swim Suit Size:

Education (High School, College, Other):

Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From	☐ Yes		
	To	☐ No		
	From	☐ Yes		
	To	☐ No		
	From	☐ Yes		
	To	☐ No		
	From	☐ Yes		
	To	☐ No		

Training and Certifications:

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

Activities:

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:	**Telephone Number:** ( ) -	**From (Month/Year):**
Address:		
Job Title:	**Number Employees Supervised:**	**To (Month/Year):**
Specific Duties:		**Hours Per Week:**
		Last Salary:
		Supervisor:
Reason For Leaving:	**May We Contact This Employer?** ☐ Yes ☐ No	

Employer:	**Telephone Number:** ( ) -	**From (Month/Year):**
Address:		
Job Title:	**Number Employees Supervised:**	**To (Month/Year):**
Specific Duties:		**Hours Per Week:**
		Last Salary:
		Supervisor:
Reason For Leaving:	**May We Contact This Employer?** ☐ Yes ☐ No	

Employer:	**Telephone Number:** ( ) -	**From (Month/Year):**
Address:		
Job Title:	**Number Employees Supervised:**	**To (Month/Year):**
Specific Duties:		**Hours Per Week:**
		Last Salary:
		Supervisor:
Reason For Leaving:	**May We Contact This Employer?** ☐ Yes ☐ No	

Employer:	**Telephone Number:** ( ) -	**From (Month/Year):**
Address:		
Job Title:	**Number Employees Supervised:**	**To (Month/Year):**
Specific Duties:		**Hours Per Week:**
		Last Salary:
		Supervisor:
Reason For Leaving:	**May We Contact This Employer?** ☐ Yes ☐ No	

References:

Name:	**Telephone Number:** ( ) -	**Relationship:**
Name:	**Telephone Number:** ( ) -	**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 bey0ond 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 wiring 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