

Zelienople Community Park Association

Employment Application

111 West New Castle Street

zelienoplecommunitypark@gmail.com

Zelienople, PA 16063

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Z/P Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO YES NO
If no, are you authorized to work in the US?
Have you ever worked for this company? YES NO If yes, when? / _____
Have you ever been convicted of a felony?

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ YES NO
Did you graduate _____ Diploma _____

College: _____ Address: _____

From: _____ To: _____ YES NO
Did you graduate _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ YES NO
Did you graduate _____ Degree: _____

References

Please list three persons not related to you, whom you have known at least one year.

Full Name: Relationship: _____

Company: Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

In Case of Emergency Notify:

Name: _____ Phone No.: _____

Address: _____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____