

# Haverford Township Recreation Department

9000 Parkview Drive Haverford, Pa 19041  
Phone 484-380-2730 Fax 484-380-2740  
email: recinfo@haverfordtownship.org  
www.haverfordtownship.com/parks

## Employment Application

Haverford Township considers applicants for all positions with out regard to race, color, disability, or any other legally protected status. The application will be kept on file for one year. It is the applicant's responsibility to ensure that a current application is on file.

Position Applying For: \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

School Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_  
(please print clearly, we will contact you via email)

Have you ever filed an application with the Township before? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the Township before? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's Liscense # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

What dates are you available for work? \_\_\_\_\_

Do you have any vacations or conflicts during the summer? Yes \_\_\_\_\_ No \_\_\_\_\_  
(applicants with no conflicts will be given greater consideration)

If yes, please list dates \_\_\_\_\_

**Please list any experience with the following:**

Summer Camps \_\_\_\_\_  
Coaching \_\_\_\_\_  
Sports \_\_\_\_\_  
Arts/Drawing \_\_\_\_\_  
Nature/Environmental \_\_\_\_\_  
Dance \_\_\_\_\_  
Theatre/Drama \_\_\_\_\_  
Other \_\_\_\_\_

**Education**

**High School**

**College/University**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
\_\_\_\_\_  
(Graduation Date)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Current Year  
\_\_\_\_\_  
Graduation Date      Major/Degree

**Employment**

*List your last (or present) job first.*

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

*(ie: teachers or employers)*

1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
Phone #

2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
Phone #

With the submission of this application I certify that all the statements are true and correct to the best of my knowledge and belief. I hereby authorize Haverford Township to obtain information needed from my present and past employer to support this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_