



Meadville Area Recreation Authority Seasonal Part-time Employment Application

(Please Print or Write Answers to all Questions in Your Own Handwriting)

Today's Date:

Last Name:

First Name:

Middle Name:

Address:

Home Phone:

Cell:

Other:

Email:

Type of Work Desired:

Are You Presently employed?

Yes

No

If hired, can you provide two (2) forms of proof that you are authorized to work in U.S.?

Yes

No

Are you 19 or older?

Yes

No

Are you 16 to 18?

Yes

No

Are you 15?

Yes

No

Education

Type	Name/Location	Course	Years Completed	Degree/Diploma
High School				
College/ Business				
Technical /Other				

Employment Record

	Company Name	Address	Kind of Work	Start Date	End Date
1.					
2.					
3.					

Is it OK to check with your present Supervisor?

Yes

No

Do you have any Relatives who are employed by MARA?

Yes

No

If yes, please specify:

Do you have a valid Pennsylvania motor vehicle operator's license?

Yes

No

Please list any additional information below that relates to your ability to perform the job and for which you have applied -such as licenses, professional memberships, certifications, etc.

Do you have any health or mental condition that would prevent you from performing the essential function of the job you are applying for?	Please Circle YES NO
Specify:	

References					
	Name	Occupation	Years Known	Address	Phone
1					
2					
3					

U.S. MILITARY SERVICE			
Branch of Service:	Rank	From	To
Type of Discharge:			
Are you currently a member of the U.S. Military Reserve?	Yes	NO	
If yes, what branch?	Where?		

The Meadville Area Recreation Authority is an Equal Opportunity Employer and vows not to discriminate on the basis of race, religion, age, color, sex, national origin, or disability when considering applicants for prospective employment.

APPLICANT'S STATEMENT

I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in the denial of employment.

I understand that if offered employment with the Meadville Area Recreation Authority, I may be required to take a medical examination which may include drug testing.

I understand that this application will be active for a period of ninety (90) days; after that time, if I wish to be considered for employment, I must update this application in the Administration Office.

I understand that the employer will thoroughly investigate my work, criminal and personal history and verify all data given on this application, or related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employers if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I understand that I am applying for Seasonal Part Time Employment with the Meadville Area Recreation Authority and will be limited in benefits to only those associated with Seasonal Part Time Employment.

Applicants Signature:
Date: