



Hopewell Township ~ 1700 Clark Blvd ~ Aliquippa, PA 15001~ 724-378-1460
Seasonal RECREATION Employment Application

You must be at least 16-years-old to be considered for employment with the Recreation Staff

All applicants MUST provide state and federal clearances before they begin work.

Online application for PA Child Abuse: <https://www.compass.state.pa.us/cwis/public/home>.

Online application for PA State Police Criminal Record: <https://epatch.state.pa.us>.

Online application for FBI Background Check: identogo.com

****fees are associated with obtaining these clearances****

Complete and return this application to the Hopewell Township Municipal Building

It is NOT necessary to attach your clearances to this application – Must be turned in before your start date

Mandatory drug testing results must occur on or before your start date

PLEASE PRINT ALL INFORMATION!

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ ALTERNATE PHONE _____ EMAIL _____

DRIVER LICENSE #: _____ STATE _____ Expiration Date: _____

WORK EXPERIENCE – Please list any jobs you currently hold or places you have worked, starting with most recent.

OR Check this box if you have NO formal work experience.

Employer Name	Type of Work Performed	Dates of Employment	Reason for Leaving

EDUCATION – Please list the names of schools you have attended.

High School _____ I am currently in Grade _____

Technical/Vocational School _____ Area of Study _____

Post High School/College _____ Current Grade Level _____

Degrees Earned _____

REFERENCES – Please list people who are familiar with your past experiences, abilities and/or job performance.

Do not list family members or people who are related to you.

Name	Contact Information/Phone Number	How do you know this person?

Volunteer Service:

Extracurricular Activities – Clubs, Sports, Community Organizations:

Specific Skills, Talents, Interests, Abilities or Experiences that would assist you for consideration of this position:

“My signature certifies that the information provided on this application is complete and true to the best of my knowledge.”

Sign: _____ **Date:** _____

OFFICE USE ONLY: Date Application Received: _____ Date Interviewed: _____

Comments _____