



15 Day Street, East Stroudsburg, PA 18301

Call 570-426-1512 Fax 570-426-1839 Visit [www.srosrc.org](http://www.srosrc.org)

## Employment Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Position(s) applying for:** \_\_\_\_\_

Returning?  No  Yes – previous position \_\_\_\_\_

### Education

<i>School</i>	<i>Field of Study/Degree</i>	<i>Graduation</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Special Training or Certifications

<i>List specific information</i>	<i>Obtained from where</i>
_____	_____
_____	_____

### Work Experience

**Employer** \_\_\_\_\_  
 Phone/Email \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_  
 Phone/Email \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_  
 Phone/Email \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Experience/Skills**

Describe your qualifications and experience that would benefit the organization \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any scheduling conflicts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Certifications**

All mandatory certifications must remain valid during your employment with SROSRC. Please attach legible copies as proof of certification and clearances.

**Clearances:**

- PA Child Abuse Clearance visit [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)
- PA Criminal Record Check for Employment visit <https://epatch.state.pa.us/>
- FBI Fingerprint Check visit <https://www.pa.cogentid.com/index.htm> (Dept. of Human Services)

**Certifications:** *(check all that apply)*

- First Aid/CPR infant/child/adult (American Red Cross) Expiration Date: \_\_\_\_\_
- Lifeguard Training/First Aid (American Red Cross) Expiration Date: \_\_\_\_\_
- CPR for the Professional Rescuer (American Red Cross) Expiration Date: \_\_\_\_\_
- Water Safety Instructor (American Red Cross) Expiration Date: \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**References**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return application with photocopied certifications to the Day Street Community Center*