



15 Day Street, East Stroudsburg, PA 18301
Call 570-426-1512 Fax 570-426-1839 Visit www.srosrc.org

Employment Application

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Position(s) applied for: _____

Work Experience - Attach any additional work experience or resume

Employer _____

Phone/Email _____ From _____ To _____

Position/Duties _____

Supervisor _____ Reason for leaving _____

Employer _____

Phone/Email _____ From _____ To _____

Position/Duties _____

Supervisor _____ Reason for leaving _____

Education

<i>School</i>	<i>Field of Study/Degree</i>	<i>Graduation Date</i>
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_____	_____	_____
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_____	_____	_____
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Experience/Skills

Describe your experience and skills that relate to the position

Work Commitment

SROSRC’s expectation is to work the duration of the season’s start to end date, to work the scheduled times, and dates for the extent of the season (ex. Memorial Day – Labor Day).

Available date to start: _____ Last day of work available: _____

Please list any conflicts (ex. second job, college orientation):

Required Certifications - All clearances are mandatory and certifications that are applicable must be submitted, once hired, prior to your start date and remain valid during your employment with SROSRC. Must be obtained in PA within the past 60 months. Employees are required to report any changes in clearance status within 72 hours

Clearances:

- __ PA Child Abuse Clearance visit www.compass.state.pa.us/cwis
- __ PA Criminal Record Check for Employment visit <https://epatch.state.pa.us/>
- __ FBI Fingerprint Check visit <https://www.identogo.com/> and enter zip code 18301 (East Stroudsburg, PA) or closest to your residence
 - Service code: **1KG756**
 - Service Name: **Employee >=14 Years Contact w/Children** (Dept. of Human Services)

Certifications and Specific Trainings: (check all that apply)

- __ CPR/AED/First Aid infant/child/adult (American Red Cross) Expiration Date: _____
- __ Lifeguard Training/First Aid (American Red Cross) Expiration Date: _____
- __ Other _____
- __ Other _____

References

Name _____ Relationship _____ Phone _____

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Signature _____ **Date:** _____

Return application with photocopied certifications to the Day Street Community Center and allow 1-2 weeks for processing