

MUNICIPALITY OF KINGSTON
DEPARTMENT of PARKS & RECREATION
655 Third Ave Kingston, PA 18704 570-287-1106

(PLEASE PRINT LEGABLY)

Name: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

INDICATE POSITION for which you are applying: _____

EDUCATION: Name and Address

Secondary: _____

College: _____

Graduate School: _____

Other: _____

WORK EXPERIENCE: Start with most recent job and how long you worked at each:

1. _____

2. _____

3. _____

Three Personal References:

1) _____

2) _____

3) _____

How many days or weeks vacations do you plan on working (please list dates)? _____

On what date will you or did you turn 16? _____

How many years have you worked for Kingston and in what position? _____

Check if completed and submitted:

____ Act #34 Criminal Check

____ Act #151 Child Abuse Clearance

____ First Aid Certification

____ Lifeguarding (American Red Cross, YMCA, EA, BSA

____ CPR (adult & infant/child) cert.

____ American Red Cross Water Safety Instructor

____ FBI Finger Printing

____ American Red Cross Baby Sitting & Advanced Childcare

____ Working Papers (under 18)

Certification

*Check if Certificates are Attached

References:

1. Name: _____ Occupation: _____

Address: _____ Phone: _____

2. Name: _____ Occupation: _____

Address: _____ Phone: _____

3. Name: _____ Occupation: _____

Address: _____ Phone: _____

If this application is not filled out in it's entirety, it may be rejected.

OFFICE USE ONLY!

ATTENDANT'S INITIALS: _____

DATE RECEIVED: _____

TIME RECEIVED: _____
