

Dover Township Recreation
Application for Employment with Summer Playground
(Please Print or Type)

Playground Site Desired _____ Date _____

Name _____
Last First MI

Address _____
Street City State Zip

Email _____

Phone _____ Age _____ D/O/B _____
(If under 18 yrs. old)

Education Completed

High School _____
School's Name Years Attended

College _____
College's Name Degree/Major Graduation Date

Other Education & Extra-Curricular Activities _____

Work Experience

Employer _____ Position _____

Employer _____ Position _____

Employer _____ Position _____

References

1) Name _____ Phone _____
Address _____

2) Name _____ Phone _____
Address _____

3) Name _____ Phone _____
Address _____

I hereby give permission to Dover Area Recreation to request information from the Pennsylvania State Police and Department of Public Welfare as provided for in Senate Bill No. 11505. I also certify that all of the information completed above is true.

Signature

Date