WEST MANCHESTER TOWNSHIP PARKS & RECREATION

SEASONAL JOB APPLICATION

Turn in at the West Manchester Township office or email it to info@wmtwp.com.

Applicants please PRINT and fill out completely: Work Permit #_____

Name: Age: Date of Birth:

Address:

Email Address: Cell Phone #:

Check position(s) desired:

☐ Playground Staff (16+) ☐ Playground Site Supervisor (18+) ☐ Counselor in Training (13-15 years)

Certifications Held: _____ Are you enrolled in a certification class?_____ If so, when: _____

Tell us why you are interested:

Please answer the following questions:

- List your unavailability (include time of day, day of the week, other jobs, vacations, camps, sports, return date to school, etc): _____
- Are you enrolled in school? ____Yes ____No *School:*_____ *Major/Interest:*_____

Previous work/ relevant experience:

Employer	Dates	Type of Work

References (*not family members*):

Name	Relationship / How do you know them?	Phone #

Applicant Signature: _____ ***Date:*** _____

Parent/Guardian Signature (If under 18 years of age): _____