Application for Employment

When completed, please return to:
Erie KOA Kampgrounds
6645 West Road, McKean PA 16426
Tel: 814-476-7706

1. Position applied for _____ 2. Date applied: _____
3. Social Security No. _____ 4. Date of birth: _____

5. Full legal name _____ (Last / First / Middle) 6. Home Phone: ( )
7. Address _____ 8. Cell Phone: ( )
_____ (City / State / Zip) 9. E-mail _____

10. **EDUCATION**

a. Highest grade completed: ____ b. Date completed: ____ c. Grade average of last completed grade: ____
d. If you did not complete high school, do you have a high school equivalency diploma? Yes ____ No ____
e. Number of years of post high school education: ____ f. School: ____

11. **EXPERIENCE** May we contact your previous employer? Yes ____ No ____

a. **Job Title** _____ **Duties:** _____
Employer _____
Phone _____
Type of business _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving:

b. **Job Title** **Duties:**
Employer _____
Phone _____
Type of business _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving:

12. **PHYSICAL HEALTH** Do you have any health or physical limitations that could affect your employment applied for: Yes ____ No ____
If Yes, please explain: _____

e. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

13. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

14. **MISCELLANEOUS**

a. Preferred work hours: Weekday hours from: ____ to ____ Weekend hours: ____ to: ____ Preferred days off: ____ ____
2nd choice work hours: ____ to ____ Weekend hours: ____ to: ____ Preferred days off: ____ ____

c. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Y ____ No ____
Under the Immigration Reform and Control Act of 1986, you will be required to verify that you are eligible to be employed and verifying your identity.
Further, you will be required to provide documentation to that effect should you be employed.

d. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? Yes ____ No ____ If YES, please provide the following:
Description of offense: _____
Date of Charge: _____ County, City, State & Date of Conviction: _____

15. Date when will you be available to start work? _____

16. **CERTIFICATION--** *Application Requires Current Date and Original Signature*

I hereby certify that all entries are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Erie KOA Kampgrounds to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ **Applicant Signature** _____