

Emmaus Aquatic Club
 2546 Mill Race Road, Emmaus PA 18049
 Application for Employment



Last Name		First	MI
Street Address			
City		State	Zip
Phone		E-mail Address	
Date Available		Position Applied For	
Are you a citizen of the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for EMAC? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Are you under the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	

Educational Background

	School or Institution and Location	Major/Minor	Diploma or Degree
High School			
College/University			
College/ University			

Work Experience

Dates		Name of Employer and Address	(Area Code) Telephone
From			Your Title
To			
Salary			
Work Performed		Reason For Leaving	Name and Title of Supervisor
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Dates		Name of Employer and Address	(Area Code) Telephone
From			Your Title
To			
Salary			
Work Performed		Reason For Leaving	Name and Title of Supervisor
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Experience

Please list any prior experience related to this job. Please include years involved in water sports.

Have you ever Rescued a swimmer: Yes No If yes, explain rescue: _____

Certifications: Please Attach Copies if Applicable			
CPR	Yes	No	Expiration Date:
First Aid	Yes	No	Expiration Date:
Lifeguard	Yes	No	Expiration Date:

Availability

Please list the times you are available in each box

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

**Employees under the age of 18 must submit Working Papers prior to first day of work.
 Copies of all certifications must be submitted prior to the first day of employment.**



Date Received	Date Hired	Job Title	Pay Rate

**Employee/Volunteer
AUTHORIZATION FOR RELEASE OF BACKGROUND
INFORMATION**



In connection with my application for employment/volunteer service with Emmaus Aquatic Club (EMAC), I authorize The Emmaus Aquatic Club and/or 3M Cogent to solicit background information relative to my criminal record history, including an FBI fingerprint search (where required) and a child abuse history search. I understand that Emmaus Aquatic Club may conduct inquiries into my background that may include criminal records, personal references, and other public record reports pertaining to me.

I further authorize without any reservation, any person, agency, or other entity contacted by Emmaus Aquatic Club or 3M Cogent, for purposes of obtaining background report information, to furnish the above-mentioned information.

I release Emmaus Aquatic Club, their respective employees, or 3M Cogent, their agent, and employees and all persons, agencies, and entities providing such information or reports about me from any and all liability arising out of furnishing any such information or reports.

The following is information required in order for Emmaus Aquatic Club to obtain a complete background check.
Please print neatly.

FULL LEGAL NAME (First, Full Middle Name, Last Name)			
SOCIAL SECURITY #	DATE OF BIRTH*	SEX*	RACE (Please select)* <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White (including Mexican or Latino) <input type="checkbox"/> Unknown
STREET ADDRESS			
CITY, STATE, ZIP		PHONE NUMBER	
DRIVER'S LICENSE NUMBER	ISSUING STATE	EMAIL ADDRESS	
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, etc.)			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Have you ever been convicted with child neglect or abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Is there any additional fact or circumstance of which we should be aware before processing your background check? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			

*This information is for background screening purposes only.

I hereby certify that the information contained in this application is correct to the best of my knowledge.

Employee/Volunteer Signature _____ **Date** _____

Emmaus Aquatic Club and its designated agents and representatives shall maintain all information received from this acknowledgement in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.



Emmaus Aquatic Club Employee Residency & Conviction Information

Pennsylvania law requires all employees who work with children to affirm in writing their residency and that they have not been convicted of certain crimes. Pennsylvania law also requires employees to self report to their employer if they are arrested for, or convicted of certain crimes.

All employees must complete both Part 1 and Part 2 listed below.

Part 1. PA Residency Affidavit: Initial *either* A or B

- A. _____ I affirm that I have been a resident of the Commonwealth of Pennsylvania for the past ten consecutive years. If life long resident of PA list date born _____ or if not a life long resident, list month and year you moved to PA _____
- B. _____ I affirm that I have not been a resident of the Commonwealth of Pennsylvania for the past ten consecutive years. I understand that since I have not met this residency threshold, I must complete a Federal Criminal History complete with a full set of fingerprints before I begin my employment with the Emmaus Aquatic Club. Once complete I will provide the original official results to The Emmaus Aquatic Club.

Part 2. Initial if the following statements are true:

- A. _____ I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.
- B. _____ I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statues or equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth. Chapter 25 (relating to criminal homicide) Section 2702 (relating to aggravated assault) Section 2709 (relating to stalking) Section 2901 (relating to kidnapping) Section 2902 (relating to unlawful restraint) Section 3121 (relating to rape) Section 3122.1 (relating to statutory sexual assault) Section 3123 (relating to involuntary deviate sexual intercourse) Section 3124.1 (relating to sexual assault) Section 3125 (relating to aggravated indecent assault) Section 3126 (relating to indecent assault) Section 3127 (relating to indecent exposure) Section 4302 (relating to incest) Section 4303 (relating to concealing death of child) Section 4304 (relating to endangering welfare of children) Section 4305 (relating to dealing in infant children) Section 5902(b) (relating to prostitution and related offenses) Section 5903(c) (d) (relating to obscene and other sexual material and performances) Section 6301 (relating to corruption of minors) Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state. I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

Please see/sign the reverse side of this form.



I understand that I must be dismissed from employment if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above. I understand that I am not permitted to work alone with children and must work in the immediate vicinity of a permanent employee during this provisional employment period.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of clearances shall be borne by the employing entity or program, activity or service. I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances. I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Signature: _____

Print Name: _____ Date: _____

Witness Signature: _____

Print Name: _____ Date: _____