

Lake Adventure Community Association
105 Office Way North
Milford, PA 18337
(570) 686-2800 Fax (570) 686-3851

Summer Employment @ Lake Adventure

Dear Employee & Parent,

The Pennsylvania Department of Human Services has instituted new rules regarding Employees having contact with children. Any employee 14 years of age or older who is applying for a paid position who has direct contact with or around children is required by law to obtain three (3) certifications.

There is of course a fee for these certifications, but Lake Adventure will fully reimburse all employees upon receipt of these three (3) certifications. All certifications will be kept at the office in your personnel file.

The first two (2) certifications can be easily obtained via the internet which is supplied below. The final fingerprinting must be done in person at The Ship Shop (See info below under Certificate #3).

- **Certificate #1 (background check)** - \$22.00 – go to <https://epatch.state.pa.us/> - fill out the form to receive your status report from the PA State Police
- **Certificate #2 (child abuse history)** - \$13.00 – go to <https://www.compass.state.pa.us/CWIS/Public/Home> - click on create “individual account,” then click twice to create your individual ID profile
- **Certificate #3 (fingerprinting)** - \$23.85 – go to www.identogo.com to pre-register for fingerprinting in PA. Click on “get fingerprinted,” then “select state,” then “digital fingerprinting,” enter code 1KG6ZJ, then schedule or manage an appointment. Fill out your form info, list the place for appointment as Ship Shop store, 700 Rt6, Shohola, PA (you may enter as either “schedule an appointment” or “walk-in” – Highly recommend scheduling an appointment especially if going on a Saturday. You should ask that the copy be sent to Lake Adventure at the address above as your employer and may also request a copy be mailed to yourself. After you have registered, take either your credit card/debit card or money order to get your fingerprints taken at the Ship Shop store (call 570-296-5476 for store hours. Cash is **NOT** accepted!!!

These certifications should be obtained before employment starts. If you have any questions, please feel free to contact the Rec Director at 570-686-2800.

Sincerely

Lake Adventure Management

APPLICATION FOR EMPLOYMENT

Lake Adventure Community Association, Inc.
105 Office Way North
Milford, PA 18337
(570) 686-2800 (570) 686-3851

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)		

Best time to contact you at home is: :..... AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? If Yes, give date ☐ Yes ☐ No

Have you ever been employed with us before? If Yes, give date ☐ Yes ☐ No

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No
If Yes, state name, relationship and location _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for work _____ What is your desired salary range? _____

Are you available to work: ☐ Full Time (Please indicate 1 2 3 shift)
☐ Part Time (Please indicate Mornings Afternoon Evenings)
☐ Temporary (Please indicate dates available _____ - _____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant	Date
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