



Date ___/___/___

Application for Employment

ALL POTENTIAL INTERNS ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name _____ Social Security #: _____

Date of Birth _____

Address _____

Phone (H) (____) _____ Phone (C) (____) _____

Email _____

Availability

Part-time (<30 hours)

Hours Available – Include evenings/weekends

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What date are you available to start work? ___/___/___

Education

Highest Level of Education: Name and Address of School - Degree/Diploma - Graduation Date

Licenses, Certifications, Skills (including software), Training, Awards, etc.

Perry County Council of the Arts

PO Box 354 • Newport, PA • 17074

www.perrycountyarts.org • 717-567-7023

PCCA Gallery: One S. Second Street in Newport

Landis House: 67 N. Fourth Street in Newport





Building Community through the Arts

Background

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes No

If yes, please explain: _____

Driving Information

Driver's license #: _____ State: _____ Date of Issue: _____ Expiration: _____

Do you have a vehicle that could be used during work hours? _____

Have you had any accidents during the past 3 years? Yes No If yes, how many? _____

Have you had any moving violations during the past 3 years? Yes No If yes, how Many? _____

Employment Information

Are you eligible to work in the United States? Yes No

Current Position

May We Contact Your CURRENT Employer? Yes No

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Salary: _____ Reason for Leaving: _____

Responsibilities: _____

Prior Position

May We Contact Your PRIOR Employer? Yes No

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Salary: _____ Reason for Leaving: _____

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Responsibilities: _____

Using the Position Description as a guide, describe how your skills, personality, and talents will fit this position. If you feel comfortable doing so, also add what challenges will be presented.

References

Please include the name, relationship, address, and phone number of 3 individuals who are not related to you and can speak about your work habits and/or character.

I authorize persons, schools, current employer, previous employers, and organizations names in this application to provide PCCA and/or 3rd party upon request relevant information that may be required. I release anyone so authorized from all liability and damages whatsoever in furnishing, obtaining or using said information.

Should I be employed by PCCA, I understand that I am required to abide by all rules and regulations of PCCA. I also certify that information provided on this application is true. I understand that false or misleading information given in my application and/or interview(s) may result in disqualification from further consideration or immediate dismissal at a later date.

I understand that receipt of this application by PCCA does not imply employment and that this application and/or any other PCCA documents are not contracts of employment. This application will be considered only for employment purposes by PCCA for a period of 90 days from this application date after this a new application must be completed and filed.

Signature _____ Print Name _____ Date ____ / ____ / ____

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