



Application for Employment

Tredyffrin Township is an Equal Opportunity Employer. The Township considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital status, military status, sexual orientation, political party affiliation, or disability in accordance with applicable law. The Township complies with all federal, state, and local laws relating to the hiring of employees and the workplace, including but not limited to all applicable laws relating to veteran's preference.

PERSONAL INFORMATION

POSITIONS FOR WHICH YOU ARE APPLYING	Camp Counselor	DATE OF APPLICATION
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS (STREET, CITY, STATE, ZIP)		
PHONE NUMBER(S)		E-MAIL (required)
HOW OFTEN DO YOU CHECK YOUR EMAIL?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly

Date available to start		
Are you at least 14 years of age at the time of camp? <i>If no, hire is subject to verification that you are if minimum legal age to work</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you permitted to be lawfully employed in the United States? <i>Proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the position you are applying to with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a misdemeanor or felony? <i>Conviction may not necessarily disqualify an applicant from employment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state the violation, court of jurisdiction, and date of conviction		
Do you have any relatives who are currently employed by the Township?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify their name(s), relationship to you, and the position for which they work		

AVAILABILITY

We require staff to be available for at least 5 of the 6 weeks summer camp is scheduled.
Please indicate which weeks you will be available for.

June 22-26, 2026	<input type="checkbox"/> Yes	<input type="checkbox"/> No
June 29- July 2, 2026 (closed July 3rd)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 6-10, 2026	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 13-17, 2026	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 20-24, 2026	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 27-31, 2026	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT EXPERIENCE

Start with your present or last job and go back. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

EMPLOYER		DATE EMPLOYED	From:
ADDRESS			To:
PHONE NUMBER		JOB TITLE	
SUPERVISOR		REASON FOR LEAVING	

WORK PERFORMED

EMPLOYER		DATE EMPLOYED	From:
ADDRESS			To:
PHONE NUMBER		JOB TITLE	
SUPERVISOR		REASON FOR LEAVING	

WORK PERFORMED

If you need additional space, please continue a separate sheet of paper.

EDUCATION

List all high school, colleges, universities, graduate schools, and professional schools attended

NAME	CITY	GRADUATED?		COURSE OF STUDY/DEGREE EARNED
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Describe any additional skills, training, or ability you would like to have us consider in evaluating your qualifications

CONSENT

With the submission of this application, I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentations or omissions on this application may be cause for rejection of the application or dismissal after employment.

I authorize investigation of all statements contained in this application and authorize the Township to perform a background check as may be necessary in arriving at an employment decision.

I understand that all employees of the Township are employed at-will, which means that either the Township or the employee may terminate the employment relationship at any time, with or without notice and for any and no reason. Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the contract. No employee or representative of the Township has authority to enter into any agreement specifying duration of employment or abrogating an employee's at-will employment status. I understand that this application is not intended to confer any contractual right or obligation to any party and that the Township reserves the right to change any practice, policy, or procedure with or without notice, at its sole discretion.

I understand that the offer of employment is contingent on the results of a pre-employment drug test. Applicants under 18 years of age must have parental consent. Confirmed positive test results will automatically disqualify an applicant from employment.

Applicant Signature

Date

PHONE:
610.644.1400
FAX:
610.981.4280

TREDYFFRIN TOWNSHIP
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