

### ROCHELLE PARK SWIM CLUB

1 Lotz Lane Rochelle Park, New Jersey 07662 201-843-1859 www.rochelleparkswimclub.org

# ROCHELLE PARK SWIM CLUB APPLICATION FOR EMPLOYMENT

New Employee			
FIRST NAME:			
Home Address: City:		State:	Zip:
Telephone:	Cell:		
Date of Birth:	Email:		
If you are less than 18 years of	age, can you provide req	uired proof of your eligi	bility to work?
YesNo			
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What is your preferred posit	on?Lifeguard	Office Worker	Management
CERTIFICATIONS:			
All my certifications are good	d through Labor DayO	ne or more of my certifica	ations expire before Labor Day
My certifications have alrea	ndy expiredI have neve	er been certified	
HOW DID YOU LEARN ABO	OUT US? (Please check	cone)	
Friend (First & Last Na	me:		)
Job Fair/Career Cente	rFlyer/Mailer/Pos	sterOnline Searc	chFacebook
OtherI	am a returning employe	e	

PREVIOUS EXPERIENCE	(If you are a returning employ	ee, SKIP to the Availal	bility section).	
Company:				
Kind of Business:				
Address:	City:	State:	Zip:	
Phone:	Employed from:	To:		
Position:	Pay rate:			
Name of Supervisor:				
Reason for Leaving:				
Company:				
Kind of Business:				
Address:	City:	State:	Zip:	
Phone:	Employed from:	To:		
Position:	Pay rate:			
Name of Supervisor:				
Reason for Leaving:				
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REFERENCE				
Name:	Relationship:			
Phone:	Email:			
EDUCATION				
Name of High School:	Locatio	n:		
Graduation Date:				
College:	Major:	Graduation Dat	e:	

## **AVAILABILITY** Desired number of hours you would like to work per week: I am involved with regular activities (sports, band) \_\_\_\_\_No \_\_\_\_ Yes Please explain classes or activities that may conflict with your schedule: I currently have planned days off that may conflict with my schedule \_\_\_\_\_No \_\_\_\_ Yes If yes, please explain: My last day will be: \_\_\_\_/\_\_\_/\_\_\_\_\_/ If you would like to refer someone who may be interested in working with us, please provide the information below: Name: Email: Phone: \_\_\_\_\_\_ Certified? \_\_\_\_\_Yes \_\_\_\_\_No **EMERGENCY** In the case of an emergency, please notify: Name:\_\_\_\_\_\_Relationship to applicant: \_\_\_\_\_

We are an equal opportunity employer. All applicants for employment will be considered without regard to race, color, religion, sex, national origin, disability or age. This application will remain active for 45 days. After that time, the applicant must renew it if he/she wishes to be reconsidered for employment.

Yes \_\_\_\_No - If not, what, if any, accommodations are required?\_\_\_\_\_

Can you perform the essential functions of this job without reasonable accommodations?

Are you legally authorized to work in the United States? Yes No

Phone:

### APPLICATION STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize Rochelle Park Swim Club to contact all of my employment and personal references, as well as the education institutes I have attended. I further authorize Rochelle Park Swim Club to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release Rochelle Park Swim Club and all affiliated persons and entities, as well as any person or institution that provides Rochelle Park Swim Club with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry. investigation or communication. If hired, I agree to abide by all the rules and regulations of Rochelle Park Swim Club. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment may be terminated with or without cause or notice at any time, at the will of Rochelle Park Swim Club or me.. In addition, I understand that Rochelle Park Swim Club shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

Signature:Date:	
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#### LIFEGUARD STANDARD OF CARE

A lifeguard, by definition, has a legal duty to protect the safety of people in an assigned area. Lifeguards have a professional obligation to prevent potential accidents by enforcing the rules and regulations of an aquatic setting and to react to any emergencies that occur. To be a professional lifeguard, a person must have certain physical fitness, certification of lifeguard training, first aid, cardiopulmonary resuscitation and other requirements, which may be tailored to the specific needs of the facility. In addition to these requirements, however, lifeguards need certain personal characteristics, knowledge and skills to function effectively. Lifeguards must be caring, strong, quick to respond, confident, physically fit and intelligent persons with good interpersonal skills. Because of the hazardous duty of the lifeguard, some candidates with physical or mental conditions may be certified as lifeguards but may not be qualified for the job of a professional lifeguard. Lifeguards must have a high level of physical fitness at all times, including hearing, sight, speed, strength, endurance and flexibility, all of which are vital to a rescue. A professional lifeguard must be able to remain alert with no lapses in consciousness, be physically able to sit for extended periods, including in elevated chairs; communicate verbal including projecting the voice across large distances; be able to hear noises and sounds of distress even outside one's vision. Lifeguards must have emotional stability and make sound decisions that conform to facility policies when dealing with difficult decisions since the decisions of a lifeguard may affect the total facility staff and the lives of others. Lifeguards must have a positive attitude in order to be able to fully cooperate with other guards in a team effort and adhere to rules and regulations in a successful operation of a facility. Lifeguards must have the physical and mental conditions necessary to be able to properly and timely activate the EMS system and complete the EMS system in the case of an emergency. I hereby understand and agree to the aforementioned lifequard statement.

Signature:	Date: