

LITTLE FISHING CREEK AREA SWIMMING POOL
PO BOX 224
MILLVILLE PA 17846

EMPLOYMENT APPLICATION

Date _____

1. Name _____
Last First MI

2. Address _____

3. Home Phone _____ Cell Phone _____

4. Email _____

5. Please circle the position(s) in which you are interested:

- a. Lifeguard
- b. Manager
- c. Snack Shack

6. Please indicate specific certification(s) held, agency name(s), and expiration date(s).

<u>CERTIFICATION</u>	<u>AGENCY NAME</u>	<u>EXPIRATION</u>
Adult CPR	_____	_____
CPR for the Professional Rescuer	_____	_____
First Aid	_____	_____
AED Training	_____	_____
Lifeguard Training	_____	_____
ARC Instructor in _____	_____	_____
Water Safety Instructor	_____	_____
Lifeguard Training Instructor	_____	_____
OTHER: _____	_____	_____

Date of Birth: _____ Social Security #: _____ Male Female

Date Available to Start: _____

Are you at least 18 years of age? YES NO
If under 18, do you have a work permit? YES NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO

Do you have any planned sports camps, vacations, etc. during the pool season that would affect your availability to work? If yes, please list the dates and times you will be unavailable to work.

Work History:

1) Company _____ Employment dates _____
Position _____ Supervisor _____
City, State _____ Phone _____
Reason for Departure _____

2) Company _____ Employment dates _____
Position _____ Supervisor _____
City, State _____ Phone _____
Reason for Departure _____

3) Company _____ Employment dates _____
Position _____ Supervisor _____
City, State _____ Phone _____
Reason for Departure _____

References: List 3 persons not related to you, include addresses and phone numbers

***** YOU MUST BE AVAILABLE TO WORK ALL SWIM LESSON UNLESS YOU HAVE PRIOR APPROVAL FROM MANAGER *****

Certification and Authorization

The above information is true and correct.
I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.
If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date