

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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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