

# HARRINGTON PARK SWIM CLUB

PO Box 183, Harrington Park NJ 07640  
Phone: 201-767-5704 Alt: 201-768-0431  
www.hpswimclub.net

## Employment Application for Lifeguards

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

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### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

If under 18 years of age, do you have working papers? Yes  No

Are you currently certified WSI (Water Safety Instructor)? Yes  No

Are you currently certified in Lifeguard, First Aid, CPR and AED? Yes  No

Swimsuit Size: \_\_\_\_\_ Male  Female  T-Shirt Size: \_\_\_\_\_

### Certifications (must be attached to this application)

Type of certification	Expires	Certifying Agency
Lifeguard	_____	Red Cross <input type="checkbox"/> YMCA <input type="checkbox"/> Other <input type="checkbox"/>
Water Safety Instructor (WSI)	_____	Red Cross <input type="checkbox"/> YMCA <input type="checkbox"/> Other <input type="checkbox"/>
First Aid/ CPR / AED	_____	Red Cross <input type="checkbox"/> YMCA <input type="checkbox"/> Other <input type="checkbox"/>

### Lifeguard Experience

Name of Pool/Beach	Location	Year	Full Time / Part Time
_____	_____	_____	FT <input type="checkbox"/> PT <input type="checkbox"/>
_____	_____	_____	FT <input type="checkbox"/> PT <input type="checkbox"/>
_____	_____	_____	FT <input type="checkbox"/> PT <input type="checkbox"/>

If Hired, will you have to terminate work **BEFORE** Labor Day? Yes  No

If yes, when would be the date of your last day of employment? \_\_\_\_\_

Are you seeking to be hired for Full Time, Part Time, or Sub List? FT  PT  SUB

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### Education

Schools Attended

Grade/Degree Completed

High School \_\_\_\_\_

Undergraduate \_\_\_\_\_

Other \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

List additional qualifications you feel are appropriate (Certified Swim Instructor, Swim Coach, etc.)

### Last Place of Employment (If Applicable)

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ May we contact this employer? Yes  No

If no, Why? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Emergency Contact information

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Once a schedule is created and distributed, it is the sole responsibility of the lifeguard to find coverage if unable to work their shift. Failure to do this is grounds for immediate dismissal.**

Any dates (Vacation, College Orientation, etc.) that you are NOT available to work? Yes  No

If yes, please list ALL dates: \_\_\_\_\_

\_\_\_\_\_

### References

Name & Phone Number

Relationship (no family please)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

All persons under 18 years of age must arrange for working papers through the school office.  
Required working papers **MUST** accompany this application upon submission!

If under 18 years of age, I have attached my official working papers to this application: Yes  No

This application is for seasonal work and I understand that work will be on a temporary basis.

I understand that the wage rates will be determined by the Pool Board.

**Zero-Tolerance Smoke, Drug and Alcohol:** Harrington Park Swim Club maintains a smoke, drug & alcohol free workplace. The use of these are inconsistent with the behavior expected of employees and subjects fellow employees, Club members, and visitors to our Club to unacceptable safety risks.

I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place my potential employment in jeopardy.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return application,  
along with copies of ALL certifications and proof of age, to both:**

Manager: Rob Hessler – tronage@gmail.com

Asst. Manager: Doug Roem – djroem38@verizon.net