

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 Lifeguard

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

Personal Information

Name: _____ Date of birth: _____ SSN #: _____

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 Saftey Instructor)? Yes No

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

Swimsuit Size: _____ T-Shirt Size: _____? Male Female

Certifications (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"/>
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"/>

Life Guard Experience

<u>Name Of Pool/beach</u>	<u>Location</u>	<u>Year</u>	<u>Full Time/part Time</u>	
_____	_____	_____	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, approximately when do you need to terminate your employment? _____

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

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Education

Schools Attended

Grade/Degree Completed

High School _____

Undergraduate _____

Other _____

Extracurricular Activities: _____

List any 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: _____

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Any dates (Vacation, College Orientation, etc.) 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 the work will be on a temporary basis.

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

I further acknowledge that all information presented herein is accurate to the best of my knowledge.

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