

WHITE MEADOW LAKE – 2019 BEACH & POOL STAFF APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP _____ E-MAIL _____

HOME PHONE: _____ CELL PHONE: _____

POSITION DESIRED: *WATERFRONT MANAGER* *ASST. WATERFRONT MANAGER* *HEAD LIFEGUARD* *LIFEGUARD*

BATHING SUIT SIZE: _____ (MEN: M-L-XL; WOMEN: 32,34,36,38, etc.)

T-SHIRT SIZE: _____ (S – M – L – XL)

CERTIFICATIONS

DATE COURSE EXPIRES

- LIFEGUARDING/WATERFRONT/FIRST AID* _____ (*Waterfront Director, Asst. Waterfront Director, Head Lifeguard, Lifeguard*)
 OR LIFEGUARD/FIRST AID _____ (*Lifeguard ONLY*)
- CPR-AED for LIFEGUARDS* _____ (*Waterfront Director, Asst. Waterfront Director, Head Lifeguard, Lifeguard*)
- CERTIFIED POOL OPERATOR _____ (*Waterfront Director, Asst. Waterfront Director, Head Lifeguard*)
- WATER SAFETY INSTRUCTOR _____ (*Waterfront Director, Asst. Waterfront Director, Swim Instructor*)
- LIFEGUARD MANAGEMENT _____ (*Waterfront Director, Asst. Waterfront Director, Head Lifeguard*)
- LIFEGUARD TRAINING INSTRUCTOR _____ (*Waterfront Director*)

***VALID CERTIFICATION REQUIRED FOR EMPLOYMENT (INDIVIDUALS WILL NOT BE SCHEDULED UNLESS THEY ARE CERTIFIED)**

PREVIOUS WML LIFEGUARD -YES/NO _____ **How many years?** _____

OTHER RELATED ACCOMPLISHMENTS (SWIM TEAM, SWIMMING LESSONS, ETC.): _____

EDUCATION:

HIGH SCHOOL _____ **CERTIFICATE/DATE** _____

COLLEGE _____ **DEGREE/DATE** _____

GRADUATE SCHOOL _____ **DEGREE/DATE** _____

OTHER _____

EXPERIENCE: (RELATED WORK EXPERIENCE)

1. _____
2. _____
3. _____

REFERENCES: (NO RELATIVES, PREFERABLY PREVIOUS EMPLOYERS):

NAME	TITLE	ORGANIZATION	ADDRESS/PHONE#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

WHEN ARE YOU AVAILABLE FOR AN INTERVIEW? (Please list school breaks or days off) _____

NAME THREE THINGS YOU NEED WHEN ON DUTY AS A LIFEGUARD:

INDICATE PREFERENCES:

_____ FULL-TIME EMPLOYMENT FROM MEMORIAL DAY TO LABOR DAY (REQUIRED MANAGER)
_____ PART-TIME EMPLOYMENT (Lifeguards Only)

If under 18, list age as of Memorial Day Weekend _____ Working papers required.

NO PERSON WILL BE ALLOWED TO WORK UNLESS ALL THEIR PAPERWORK, COPIES OF CERTIFICATIONS AND WORKING PAPERS (necessary for applicants under 18 years of age) ARE ON FILE WITH THE POA OFFICE BEFORE EMPLOYEMENT BEGINS.

I authorize investigation of all statements herein, including any checks of criminal records, and release the POA and all others from liability in connection with the same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated POA official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery.

Signature _____ Date _____

Parent Signature is required if applicant is under 18

The information I have supplied to the questions on this application is truthful and accurate to the best of my knowledge. I understand that completing and submitting this application does not guarantee me a job.

Signature _____ Date _____

100 WHITE MEADOW ROAD, ROCKAWAY, NJ 07866
White Meadow Lake Property Owners Association is an Equal Opportunity Employer