

Mountainside Community Pool

APPLICATION FOR EMPLOYMENT

Please complete and return to:

**Mountainside Recreation Department
1385 Rt. 22
Mountainside, NJ 07092**

Name _____ Soc. Sec. # _____

Street _____ Town/Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition _____

Position (s) applying for _____

Were you previously employed by us? _____ If yes, when? _____

On what date are you available to begin work? _____

Birth Date _____ Bathing Suit Size _____

Qualifications:

_____	Life guarding	date received _____
_____	W.S.I	date received _____
_____	Red Cross 1 st Aid	date received _____
_____	C.P.R.	date received _____
_____	other	date received _____

Previous Position held:

1. _____ where _____
2. _____ where _____
3. _____ where _____

Write a short autobiography about the job-related experiences (school and extracurricular) relevant to the type of employment you are seeking at the Mountainside Community Pool.

Education:

School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
College					
High					
Elementary					
Other					

Employment:

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Additionally, please attach a resume.

Employer 1:

Company Name _____

Telephone () _____

Address _____

Employed (State Month and Year)

From _____ To _____

Name of Supervisor _____

Weekly Pay

State Job Title and Describe Your Work

Start _____ Last _____

Reason for Leaving

Employer 2:

Company Name _____

Telephone () _____

Address _____

Employed (State Month and Year)

From _____ To _____

Name of Supervisor _____

Weekly Pay

State Job Title and Describe Your Work

Start _____ Last _____

Reason for Leaving

Employer 3:

Company Name _____

Telephone (____) _____

Address _____

Employed (State Month and Year)

From _____ To _____

Name of Supervisor _____

Weekly Pay

State Job Title and Describe Your Work

Start _____ Last _____

Reason for Leaving

I hereby declare the information provided by me in the Application of Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Signature

Date _____