**Brokenstraw Valley Swimming Pool**

Summer Employment Application

*EARLY RETURN OF THIS APPLICATION IS SUGGESTED*

**The minimum age for employment is 14. You MUST be 15 to apply for a Lifeguard Position.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete both sides of the application and return to:** | | | | | | **Youngsville Borough c/o Jolean Ishman**  **40 Railroad Street**  **Youngsville, PA 16371** | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | |
| **Last First Middle**  **Name:** | | | | | | | | | | **Social Security #**    **/ /** | | |
| **Street No. City State Zip**  **Address:** | | | | | | | | | | **Phone**  **Home ( )**  **Cell ( )** | | |
| **EDUCATION** | | | | | | | | | | | | |
| **High School** | **Name & Location** | | | | **Attendance Dates** | | | | **Course/Major** | **Date Degree Received/Expected** | | |
| **College/Tech/Buss School** |  | | | |  | | | |  |  | | |
| **Graduate/Professional**  **School** |  | | | |  | | | |  |  | | |
| **EMPLOYMENT HISTORY (Last 5 Years)** | | | | | | | | | | | | |
| **Name/Location of Employer** | | **From Mo./Yr.** | | **To Mo./Yr.** | | | **Kind of work/position** | | | | **Reason for Leaving** | |
|  | |  | |  | | |  | | | |  | |
|  | |  | |  | | |  | | | |  | |
| **POSITION OF INTEREST** | | | | | | | | | | | | |
| Manager (Must be at least 22)  Lifeguard  Concession Stand  Front Desk | | | | | | | | | | | | |
| **CERTIFICATIONS** | | | | | | | | | | | | |
| **Lifeguard Training**  **Yes YR\_\_\_\_\_\_**  **Expires\_\_\_\_\_\_**  **First Aid**  **Yes YR\_\_\_\_\_\_**  **Expires\_\_\_\_\_\_** | **CPR/AED/PR**  **Yes YR\_\_\_\_\_\_**  **Expires\_\_\_\_\_\_**  **CPR/AED/LG**  **Yes YR\_\_\_\_\_\_**  **Expires\_\_\_\_\_\_** | | **Instructor Certifications**  **LGI Yes YR\_\_\_\_\_**  **WSI Yes YR\_\_\_\_\_**  **CPR/FA Yes YR\_\_\_\_\_**  **Expires\_\_\_\_\_\_** | | | | | **Waterfront**  **Yes YR\_\_\_\_\_\_**  **Expires\_\_\_\_\_\_**  **Lifeguarding & FA**  **Yes YR\_\_\_\_\_\_**  **Expires\_\_\_\_\_\_** | | | | **Lead Guard or Lifeguard Management**  **Yes YR\_\_\_\_\_\_** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AVAILABILITY** | | | | | | | | |
| I am available to begin working every day beginning on: May\_\_\_\_\_\_\_\_\_\_\_ June\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Can you work?** | | | | | | | | |
| Weekdays | | Evenings | | Saturdays | | Sundays | | |
| Yes No | | YesNo | | YesNo | | Yes No | | |
| List hours and days you are available to work | | | | | | | | |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| From (time) |  |  |  |  |  |  |  |
| To (time) |  |  |  |  |  |  |  |
| Last day of availability for the 2019 Summer Season **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| Do you plan to take any time off during the Season?Yes No *Note: only 10 days will be allotted* | | | | | | | | |
| If yes, when? (Specific dates) | | | | | | | | |
| Where did you hear about this job? | | | | | | | | |
| Comments: | | | | | | | | |
| Were you ever dismissed or discharged from any employment? Yes No | | | | | | | | |
| Have you ever resigned from employment? Yes No | | | | | | | | |
| Do you like to work with children? Yes No | | | | | | | | |
| Have you ever been convicted of a criminal charge? Yes No | | | | | | | | |
| IF YOU ANSWERED “YES” TO ANY OF THE QUESTIONS ABOVE, YOU MUST GIVE SPECIFICS, ATTACH ADDITIONAL SHEET. | | | | | | | | |

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK**

**APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**IF UNDER THAT AGE of 18, SIGNATURE OF PARENT/GUARDIAN IS REQUIRED**

“I have read my child’s/ward’s completed application form and hereby give my permission for him/her to be hired by the Youngsville Borough for a Season Employment position at the Brokenstraw Valley Swimming Pool. I understand that with this job comes expectations and if my child/ward fails to meet those expectations, they may be dismissed. I give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Youngsville Borough. Upon receipt of said revocation I understand that my child’s/ward’s employment shall be terminated.”

**PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**YOUNGSVILLE BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER**