

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number	Cellular / Alternate Number		
E-Mail Address	Social Security Number		

High School Attended/Attending _____
Year Graduated/Anticipated to Graduate _____

College Attended/Attending _____
Year Graduated/Anticipated to Graduate _____

Do you have any of the following certifications? If so, please attach photocopies, front and back.

- Lifeguard Certification First Aid Certification CPR Certification
 Other Certification related to the position sought _____

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

If you are under 18 years of age can you provide required
proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this
country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

Nomahegan Swim Club
P.O. Box 71 · Westfield, New Jersey 07091

Are you available to work: Full Time Part Time

On what date would you be available for work? _____

On what date do you expect to terminate employment? _____

Have you been convicted of a crime within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

Are you currently employed? Yes No

If Yes, please provide the following information about your employer:

Name _____

Address _____

Telephone Number _____

Position Holding _____

Starting Date of Employment _____

Rate or Wages Paid _____

Name of Supervisor _____

May we contact your present employer? Yes No

Please list your previous two employers

Name _____

Address _____

Telephone Number _____

Position Held _____

Dates of Employment _____

Rate or Wages Paid _____

Name of Supervisor _____

Name _____

Address _____

Telephone Number _____

Position Held _____

Dates of Employment _____

Rate or Wages Paid _____

Name of Supervisor _____

I promise that the information provided in this application is true and complete. I understand that any false or misleading information or omissions may disqualify me from further consideration for employment or lead to my dismissal from my employment if discovered at a later date.

Signature

Date