

*Kingston Estates Swim Club  
Deland Ave. and Princess Rd.,  
PO Box 1012,  
Cherry Hill, NJ 08034*

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

**PERSONAL INFORMATION:**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth \* \_\_\_\_\_

E-mail Address \_\_\_\_\_ Shirt size: \_\_\_\_\_

\* Age required to schedule work hours in compliance with State of New Jersey Child Labor Laws.

**EMPLOYMENT DESIRED:**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Can you work weekdays between Memorial Day and the close of school? \_\_\_\_\_ Can you work until Labor Day? \_\_\_\_\_

The week after Labor Day, if required? \_\_\_\_\_ Are you a member of the swim team? \_\_\_\_\_

Are there any activities that could restrict the daily hours you are able to work, such as sports, other employment, transportation, etc.?  
\_\_\_\_\_

**CERTIFICATION:** (Manager & Lifeguard position only)

	<u>Certifying Agency</u>	<u>Course Title</u>	<u>Date Completed</u>
Lifeguard	_____ (ARC, BSA, YMCA)	_____ (Lifeguard Training, etc.)	_____
First Aid	_____ (ARC, NSC)	_____ (Standard First Aid, Community First Aid & Safety, etc.)	_____
CPR	_____ (ARC, AHA, NSC)	_____ (Community CPR, CPR for the Professional Rescuer, etc.)	_____

**EDUCATION:**

	Name & Location of School	Years Attended	Date Graduated
High School	_____	_____	_____
College	_____	_____	_____

**PHYSICAL RECORD:** Do you have any physical disabilities that preclude you from performing any work for which you are being considered? \_\_\_\_\_

Were you ever injured? \_\_\_\_\_ Give details \_\_\_\_\_

Have you any disabilities in hearing? \_\_\_\_\_ in vision? \_\_\_\_\_ in speech? \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
name address phone no

**REFERENCES:** Give the names of three adults not related to you, whom you have known at least one year.

Name	Address	Association	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian (applicant under 18 yrs of age) \_\_\_\_\_