

# 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 \_\_\_\_\_

\_\_\_\_\_

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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 \_\_\_\_\_

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*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