HOLLYWOOD SHORES CIVIC ASSOCIATION

P.O. BOX 397
HOLLYWOOD, MARYLAND 20636

LIFEGUARD APPLICATION

(Must Provide Social Security Number Required when Hired)

NAME_____ DATE_____
(Last) (First) (Middle)

PRESENT ADDRESS_____

_____

TELEPHONE NO._____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY CONTACT _____
(Name)

ADDRESS _____

TELEPHONE NO_____

DO YOU HAVE YOUR OWN TRANSPORTATION? YES_____ NO_____

ARE YOU AGE 16 OR OLDER? YES_____ NO_____

DO YOU HAVE ANY IMPAIRMENT, PHYSICAL OR MENTAL, WHICH WOULD INTERFERE WITH YOUR ABILITY AS A LIFEGUARD? _____ IF YES, PLEASE EXPLAIN

_____

_____

_____

LIST ALL LIFE-SAVING, FIRST AID, CPR, POOL MANAGER, AND OTHER CERTIFICATES THAT YOU HOLD (Use back of application if necessary).

1._____ DATE_____

2._____ DATE_____

3._____ DATE_____

4._____ DATE_____

STATE WHY YOU ARE THE BEST CANDIDATE FOR THIS POSITION_____

_____

_____

WORK HISTORY: LIST PRESENT (or most recent) EMPLOYMENT FIRST AND WORK BACK THROUGH THE PREVIOUS POSITIONS HELD.

1. NAME AND ADDRESS OF EMPLOYER_____

_____ TELEPHONE NO._____

DATES OF EMPLOYMENT_____ POSITION TITLE_____

BEGINNING SALARY_____ PRESENT SALARY_____

NAME AND TITLE OF SUPERVISON_____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES_____

_____

REASON FOR LEAVING_____

2. NAME AND ADDRESS OF EMPLOYER_____

_____ TELEPHONE NO._____

DATES OF EMPLOYMENT_____ POSITION TITLE_____

BEGINNING SALARY_____ PRESENT SALARY_____

NAME AND TITLE OF SUPERVISON_____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES_____

_____

REASON FOR LEAVING_____

3. NAME AND ADDRESS OF EMPLOYER_____

_____ TELEPHONE NO._____

DATES OF EMPLOYMENT_____ POSITION TITLE_____

BEGINNING SALARY_____ PRESENT SALARY_____

NAME AND TITLE OF SUPERVISON_____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES_____

_____

REASON FOR LEAVING_____

LIST THREE CHARACTER REFERENCES. THESE PERSONS MUST NOT BE RELATED TO YOU, NOR CAN THEY BE PERSONS LISTED ELSEWHERE ON THIS FORM.

NAME ADDRESS PHONE NO. OCCUPATION

_____

_____

_____

I HEREBY AFFIRM THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THIS INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATIONS OR FALSIFICATION, MY APPLICATION WILL BE DISAPPROVED, MY NAME REMOVED FROM THE ELIGIBLE LIST, AND THAT I WILL NOT BE CERTIFIED FOR EMPLOYMENT IN ANY POSTION WITH THE HOLLYWOOD SHORES CIVIC ASSOCIATION.

YOU MAY CONTACT MY PRESENT EMPLOYER: YES_____ NO_____

_____ _____

(Date) (Signature of Applicant)

PLEASE FORWARD THIS COMPLETED APPLICATION TO:

PRESIDENT
HOLLYWOOD SHORES CIVIC ASSOCIATION
P.O. BOX 397
HOLLYWOOD, MARYLAND 20636