

APPLICATION FOR EMPLOYMENT
BOX HILL COMMUNITY SERVICES ASSOCIATION, INC - POOL
PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER
BOX HILL COMMUNITY SERVICES ASSOCIATION TESTS ALL APPLICANTS FOR ILLEGAL DRUGS

Personal Information:

Name (Last, First, Mi.)		Social Security No.	
Present Address		Birthdate	
City	State	Zip Code	
Phone No.	Alt. Phone No.		
Employment Desired (circle one):	Lifeguard	Manager	
Available Start Date:			

Training and Certifications:

Certification Description	Expiration Date	1st Year Obtained
First Aid		
CPR		
Lifeguarding		
Pool Ops		
WSI		

Do you participate in summer or fall sports?	YES	NO
If "YES", will practice times or games interfere with your ability to work?	YES	NO
Are you able to work till midnight on occasional Friday and Saturday?	YES	NO
Please list any other activities which will interfere with your ability to work the month of August.		

Please continue on back of form.

Employment References: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

Personal References: GIVE BELOW THE NAMES OF THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

Name	Address & Phone No.	Business	Years Known

BHCSA reserves the right to random drug and alcohol testing, failure of these tests will result in termination.

Date: _____ Signature: _____

Interviewed By: _____ Date: _____

***** DO NOT WRITE BELOW THIS LINE *****

Remarks

NEATNESS	CHARACTER		
PERSONALITY	ABILITY		
HIRED	POSITION	START DATE	SALARY

APPROVED BY _____