

New Milford Swim Club - Employment Application

Please fill out all of the information applies and return the completed form by email to **n.m_swim_club@optonline.net** or mail to:

New Milford Swim Club President
P.O. Box 309, New Milford, NJ 07646

Section 1 – General Information (please PRINT clearly)

Name: _____ DOB: _____ / _____ / _____ SS#: _____
Month Day Year

Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Section 2 – Job Category you would like to be considered for (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Swim Club Manager | <input type="checkbox"/> Head Swim Team Coach |
| <input type="checkbox"/> Swim Club Assistant Manager | <input type="checkbox"/> Assistant Swim Team Coach |
| <input type="checkbox"/> Lifeguard | |
| <input type="checkbox"/> Head Lifeguard | <input type="checkbox"/> Front Office Staff |
| <input type="checkbox"/> Swim Lesson Instructor (must be WSI Certified) | <input type="checkbox"/> Maintenance/Grounds |

Certifications (please provide expiration dates month & year)

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> LG | <input type="checkbox"/> EMT |
| <input type="checkbox"/> CPR | <input type="checkbox"/> LG Instr. |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> CPR Instr. |
| <input type="checkbox"/> WSI | |

Please include TWO (2) photocopies of all your certifications with this application

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Section 3 – Medical Questions

Have you had a tetanus booster within the past two (2) years YES NO

Have you received or are you in the process of getting the Hepatitis “B” shot (this is a series of three shots spread out over six (6) months?) YES NO

Please include with this application your certification of Hepatitis “B” shots from your Physician. This record will be kept on file as required by law.

Section 4 – Employment History

Employer	Title	From - To	Salary
1. _____			
2. _____			
3. _____			

Please list the names of three (3) people who we may contact as references

Name	Address	Phone
1. _____		
2. _____		
3. _____		

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Section 5 – Educational Background

High School: _____ Graduation Date: _____ / _____ / _____
Month Day Year

Non-Athletic Activities/Clubs

1.

2.

3.

4.

Athletic and Aquatic Activities

1.

2.

3.

4.

College: _____ Graduation Date: _____ / _____ / _____
Month Day Year

Non-Athletic Activities/Clubs

1.

2.

3.

4.

Athletic and Aquatic Activities

1.

2.

3.

4.

Section 6 – Other Information

Please indicate the **EARLIEST** date you can begin work: _____

Please indicate if you play a **SPRING or FALL** sport: _____

Please indicate the **LAST** date you will be able to work: _____

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Suit & Tee Shirt Size

Men's:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	
Women's:	<input type="checkbox"/> 30	<input type="checkbox"/> 32	<input type="checkbox"/> 34	<input type="checkbox"/> 36	<input type="checkbox"/> 38	<input type="checkbox"/> 40
Tee Shirt	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	

All staff will be interviewed and tested prior to formal employment if you did not take the lifeguarding course at NMSC. Please indicate three (3) dates you are available for an interview.

Date 1: _____ Date 2: _____ Date 3: _____

Please feel free to attach any additional information that will aid in evaluating you as a prospective employee.

Signature

Date

FOR OFFICE USE ONLY:

Pool Mgr:	Date Returned:	Date Interviewed:
Reference Checks:		
Hired	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conditions:		