<u>APPLICATION FOR POOL EMPLOYMENT</u>

BOX HIL COMMUNITY SERVICES ASSOCIATION, INC.

PRE-EMPLOYMENT QUESTIONAIRE EQUAL OPPORTUNITY EMPLOYER BOXHILL COMMUNITY SERVICES ASSOCIATION TESTS ALL APPLICANTS FOR ILLEGAL DRUGS

Personal Information: CIRCLE ONE: LIFEGUARD OR MANAGER Name (Last, First, Mi.) Social Security No. (Only If Hired) **Present Address Birthdate** City State Zip Code Home Phone No. Cell Phone No. **Available Start Date: Vacation Dates or Time Needed Off: E-Mail Address: Training and Certifications**: **Certification Description** 1st Year Obtained **Expiration Date** First Aid **CPR** Lifequarding **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 until midnight on occasional Friday and Saturday nights? YES NO Pool Hours are Monday - Friday (12 - 8p.m.) - Are you able to work any or all? If Not Why? Pool Hours are Saturday & Sunday (11 – 8p.m.) – Are you able to work any or all? If Not Why?

Please Continue on Back of Form.

Please list any other activities which will interfere with your ability to work the month of August.

Employment Refer	ences: <i>(LIST BELOW LAST THREE EMI</i>	PLOYERS, START	ING WITH THE MOST	RECENT)
<u>DATE</u>	NAME & ADDRESS OF EMPLOYER	SALARY	<u>POSITION</u>	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
Personal References: (GIVE BELOW THE NAMES OF THREE PERSONS WHOM YOUHAVE KNOW FOR AT LEAST ONE YEAR)				
<u>Name</u>	Address & Phone N	<u>lo.</u>	<u>Business</u>	<u>Years Known</u>
BHCSA reserves the right to random drug and alcohol testing, failure of these tests will result in termination.				
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Date: Signature:				
Interviewed By: Date:				

Remarks				
<u>NEATNESS</u>		CHARA	CTER	
				
PERSONALITY		ABILITY	,	
			•	
HIRED	POSITION	START	DATE	SALARY

APPROVED BY: