<u>APPLICATION FOR POOL EMPLOYMENT</u>

BOX HIL COMMUNITY SERVICES ASSOCIATION, INC.

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

Personal Information: CIRCLE ONE: LIFEGUARD OR MANAGER **GATE KEEPER** OR Name (Last, First, Mi.) Social Security No. **Present Address Birthdate** City S<u>tate</u> 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** 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 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 TI</i>	HREE EMPLOYER	S, STARTING W	ITH THE MOST	RECENT)
<u>DATE</u>	NAME & ADDRESS OF EMPLOYER		LARY	<u>POSITION</u>	REASON FOR LEAVING
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
Personal References: (GIVE BELOW THE NAMES OF Address & Pho				OUHAVE KNOV Business	N FOR AT LEAST ONE YEAR) 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:					

Remarks					
					
<u>NEATNESS</u>			<u>CHARACTER</u>		
PERSONALITY			<u>ABILITY</u>		
HIRED	POSITION		START DATE		SALARY

APPROVED BY: