

LIFEGUARD/WATER SAFETY EMPLOYMENT APPLICATION

Legal Name: _____ Nickname (or Preferred): _____
Last First M.I.

Date of Birth: ____/____/____ Are you eligible to work in the U.S.? Yes No T-Shirt: _____

Address: _____ ZIP _____ Telephone: () _____

Temporary Address (if different): _____ ZIP _____ Telephone: () _____

E-Mail Address: _____

In Case of an Emergency, Notify: _____ Telephone: () _____

Position (s) Applied For: _____ (If more than one, put in order of preference.)

Wage Requirement: _____ (Please do not list vague terms such as "negotiable")

Date Available to Begin: (Part Time) _____ (Full Time) _____

Available for Work: Pre-Season (Start Date _____ Before Memorial Day Weekend)
 (Check all that apply) Memorial Day Weekend thru Labor Day
 Special Events (After Regular Hours)
 Post Season (After Labor Day)

Date of Planned Employment Termination: _____ If your actual last day will be different from what is stated here, please notify your supervisor ASAP. Staffing needs are partly based on this information. Notification does NOT relieve you of the responsibility of covering your shift(s). If you marked you were available Memorial Day Weekend thru Labor Day and leave this section blank, you are expected to be available.

Date(s) of Planned Vacation and/or Days Off: _____
 NOTE: Staffing needs are partly based on this information. Notification does NOT relieve you of the responsibility of covering your shift during your absence. (Maximum of 7 unpaid vacation days allowed for full-time positions)

Are there any reasons why you would not be able to fully perform your duties or special restrictions or health conditions that would affect your ability to fully perform? No Yes, Explain: _____

Are any friends or relatives working here? Yes _____ (Who?) No

How did you hear about the position? _____

EDUCATION

	Name and Location	G.P.A	# of Years	Course / Degree Major	Year Graduated
High School					
College					
Other					

TRAINING (List any relevant certifications you have, including level obtained and expiration dates.)

	Date Course Passed	Expiration Date	Date Enrolled / Expected Completion	Certifying Organization	Location
Lifeguarding					
Swimming Pool Operator					
Water Safety Instructor					
Community First Aid					
Community CPR					
Lifeguarding Instructor					
Other-					

Pine Valley Swim & Tennis Club
 4638 White Marsh Road Baltimore, MD 21237
 pinevalleyswim.com jobs@pinevalleyswim.com
 (410) 668-9888 fax (410) 663-3654

What interested you in working at Pine Valley? _____

Do you have reliable transportation? No Yes Do you have a valid driver's license? Yes No

Please specify work availability while school is in session:

	M	T	W	R	F	S	S
From							
To							

Please specify work availability for the summer:

	M	T	W	R	F	S	S
From							
To							

Have you ever been dismissed from employment for any reason other than lack of work? Yes No If yes, explain: _____

EMPLOYMENT OR VOLUNTEER RECORD

Dates From/To	Name, Address & Telephone of Employer	Position/Title Duties	Wages Start/Leaving	Supervisor / Title	Reason For Leaving

JOB APPLICANT'S RELEASE TO PROSPECTIVE EMPLOYER TO REQUEST INFORMATION ABOUT THE APPLICANT

In consideration of Pine Valley Swim and Tennis Club's ("Pine Valley") agreement to consider my job application, I hereby authorize it or it's designated agents to engage in background checks, examine my criminal record and vehicular driving record, and investigate any and all statements I have made on the job application (and during job interview) and, further, to obtain any other information regarding my previous employment, my veracity, my skills and/or abilities which the above-named employer may deem relevant.

I authorize any individual, firm, partnership, corporation, educational institution, public official or public entity ("Information Providing Entity") to furnish Pine Valley any information regarding my previous employment or education and any pertinent information they may have and release all Information Providing Entities from any liability on any theory whatsoever for providing such information to Pine Valley. I also release Pine Valley, it's current and former employees, and any other persons giving references from any liability on any theory whatsoever for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signature: _____ Date: _____

If under 18, Signature of Parent or Guardian: _____ Date: _____

REFERENCES (Those listed should be able to give an accurate evaluation of your suitability for this position.) (Not family members)

Name	Address	Telephone	Business/Profession

This application is current only for (90) days. If you have not heard from Pine Valley within (90) days and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Indicate your level of competency in the following areas: (0 = no experience, 1 = have done, 2 = fair experience, 3 = could help instruct or lead children, 4 = very comfortable instructing/leading children, 5= could instruct other staff, 6 = very competent instructing staff/extensive training and/or certification). (Note: Some of these skills are of particular importance to some job positions, but not to others).

Swimming _____ First Aid _____ Crafts _____ Nature Study _____ Drama _____ Indoor Games _____
Story Telling _____ Computer Skills _____ Singing _____ Team Building _____ Tennis _____ Yard Work _____

Briefly describe personal qualifications or specific job experiences that you feel should be considered with your application for the specified position.

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Please comment on each of the following:

1. Would you be willing to work extra hours? Yes No
2. Would you be willing to work on scheduled days off? Yes No
3. What type of work are you expecting to perform? _____

4. What do you feel you can contribute to the overall success of our operation? _____

5. What strengths do you have to offer both the club and the staff team community? _____

6. What would be the areas you most need to work on? _____

7. What factors do you consider when you are planning and leading a skill or activity? _____

8. What adjectives would a person use to describe your personality? _____

9. Why do you want to work at Pine Valley? What does the club have to offer you and how can you benefit from it?

Hobbies or Special Interests: _____

*****CONDITIONS OF EMPLOYMENT*****

I understand that as a condition of employment, I must attend one or more orientation sessions and read the Employee Handbook. I must also attend regular Department meetings during the season. These sessions are educational in nature and are for my own benefit as well as Pine Valley Swim & Tennis Club (hereinafter referred to as "The Club"). There may be no compensation for these sessions. If hired, I am expected to be available for work the entire summer season or term of employment and that the guidelines for unpaid vacation requests are in the Employee Handbook. However, I cannot assume that this vacation request will be granted. I also realize that my employment and/or hours-worked are completely dependent upon weather and business conditions. If either or both prove unfavorable, my work schedule may be drastically reduced or eliminated entirely. Because of the size and complexity of the Club, I realize I may be required to perform duties other than those specifically assigned to my position. I agree that my employment is subject to all of the Club's employment policies and terms and conditions of employment. My employment is at will and may terminate for any reason by myself or the Club. The Club may copyright, sell, use and publish all photographic negatives and other likeness made of me while employed with or without the use of my name, all without additional compensation to me. I may be required to submit myself to medical examinations, which may include testing for drugs and/or alcohol, by physicians of the Club's selection as often as requested during my employment. I understand that failing to pass or refusing any such examination may prevent me from being employed by the Club; and I further understand and agree that failure of the Club to request a physical examination shall not be construed as an admission by the Club that I am physically qualified to perform any specific type of service. At all times, I will be polite and respectful of the guests, members and staff of the Club. I will forward any problems to the proper person. I will work efficiently and understand that the punch card system and regular scheduling will be combined to determine my actual work time. I understand that I will be required to wear the appropriate uniform.

Signature: _____ Date: _____

If under 18, Signature of Parent or Guardian: _____ Date: _____

****CERTIFICATION****

Please read carefully before signing.

1. I certify that the information in this application for employment is true and complete to the best of my knowledge. I understand that deliberate falsification or omission of this information may result in refusal of employment or dismissal.
2. In consideration of my employment, I agree to conform to the rules and regulations of Pine Valley Swim and Tennis Club, Inc., it's affiliates and subsidiaries (collectively, "Pine Valley"). I understand that if hired I will be an at will employee and my employment and compensation can be terminated with or without cause, and with or without notice, at the option of either the Pine Valley or myself. I understand that no representative of Pine Valley, other than the President or Vice President of Pine Valley, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.
3. In consideration of Pine Valley's acceptance of this employment application and, if applicable, my subsequent employment by Pine Valley, I hereby agree to submit all disputes related in any way to employment at Pine Valley (including any dispute concerning my application for employment with Pine Valley) based on legally protected rights recognized in the state where I applied for a position to final and binding arbitration pursuant to Pine Valley's Alternative Dispute Resolution Policy ("ADR Policy"). In the event the binding arbitration provision of Pine Valley's ADR Policy is deemed void for any reason, I hereby agree to waive any right to jury trial that I may have.

Signature: _____ Date: _____

(Your signature indicates that you have read and understood items 1 through 3 above.)

If under 18, Signature of Parent or Guardian: _____ Date: _____

(Your signature indicates that you have read and understood items 1 through 3 above.)

For Office Use Only:

SS: _____	ID: _____	WP: _____	I-9: _____	W-4: _____	MW507: _____	Cert: _____
I: _____	I by: _____	WO: _____	P: _____	HD: _____		