

Allegheny Valley Swimming Pool Association

2018 Employment Application

Applicant Information:

First Name _____ MI _____ Last Name _____

Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone (C) _____ Phone(H) _____ Email _____

Social Security # _____ - _____ - _____

Employment Position Requested:

Pool Manager Lifeguard Refreshment Stand Bath House Attendant

Pool manager must be certified in CPR/First Aid/Lifeguard and 18 or older. **If applying, are you 16 or older? Y/N**

Lifeguards must be certified in CPR/First Aid/Lifeguard and 16 or older. **If applying, are you 15 or older? Y/N**

I am a returning employee. Last position: _____ Last Date worked: _____

Availability:

We open on Saturday, May 26 and close on Monday, September 3, 2018. We are open 7 days/week. Shifts will be between 11 a.m. and 8 p.m., Saturday – Thursday and 11 a.m. – 9:30 p.m. on Friday. We will have parties throughout the summer that may require additional hours. There may also be opportunities to be a counselor and teach swim lessons in the morning from 8:30 – 11 a.m. To the best of your ability, please answer the following questions to help us secure adequate staffing for the summer.

Date available to begin work: ____/____/____ Last day of work available: ____/____/____

Day and Hours available for work (for example: Mon./Tues./Wed. all day, Fri./Sat. 11 a.m. to 3 p.m.):

Hours per week desired: _____ Vacation weeks: _____

Are you able to work: Saturday Y/N Sunday Y/N Memorial Day Y/N 4th of July Y/N Labor Day Y/N

Are you able to work from August 19 – September 3, 2018: Y/N If no, what dates are you available: _____

Work/Volunteer Experience:

Employer/Organization: _____ Dates of Employment: _____

Position: _____ Still employed: Y/N

Responsibilities: _____

Supervisor: _____ Phone: _____

Employer/Organization: _____ Dates of Employment: _____

Position: _____ Still employed: Y/N

Responsibilities: _____

Supervisor: _____ Phone: _____

Certifications:

CPR Certification Date: _____ Expiration Date: _____ Certificate attached: Y/N

First Aid Certification Date: _____ Expiration Date: _____ Certificate attached: Y/N

Lifeguard Certification Date: _____ Expiration Date: _____ Certificate attached: Y/N

References:

Please list 3 References: 2 work (supervisor) and 1 personal. If you have not worked, please include at least 1 teacher or volunteer supervisor.

Name: _____ Title/Relationship: _____

Phone: _____ Email: _____

Name: _____ Title/Relationship: _____

Phone: _____ Email: _____

Name: _____ Title/Relationship: _____

Phone: _____ Email: _____

By signing this application, I agree with the following:

I hereby affirm that the information provided on this Application is true and correct to the best of my knowledge. I also agree that any falsified information or significant omission may disqualify me from further consideration for employment and may result in my discharge if discovered at a later date. I agree that the AVSPA shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions.

I authorize the AVSPA to investigate all statements made in this Application, or made by me in any interview or other document. I authorize the AVSPA to contact my current or most recent employer for employment verification. I authorize the AVSPA to investigate all statements in this Application and to secure any necessary information from employers, references, educational institutions and certifying entities. I hereby release these employers, references, educational institutions and certifying entities from any and all liability arising from their giving or receiving information regarding my employment history, academic credentials or qualifications, and/or my suitability for employment.

I understand that I may receive a job offer which is conditioned upon demonstration of my ability to perform the essential functions of the position for which I have applied.

I understand that this Application will be considered active through September 4, 2018. Should I wish to be considered for employment beyond this period of time, I acknowledge that I must complete another application form or request in writing that my application continue to be considered.

Signature: _____ Date: _____

If under the age of 18 – please ask parent or guardian to review and sign.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

**Please complete and send to: bouquetpark@gmail.com or
Allegheny Valley Swimming Pool Association | P.O. Box 172 | Springdale, PA 15144
Questions? Contact us via email or phone: 724-274-9803**

The Allegheny Valley Swimming Pool Association (AVSPA) is an equal opportunity employer dedicated to a policy of nondiscrimination in employment without regard to race, color, religion, creed, gender, national origin, age, physical and/or mental disability, ancestry, pregnancy, marital, veteran, or any other legally protected status. We value the contribution that the diversity of applicants can bring to AVSPA.

Date Application was received: _____	Reviewed by: _____	Date: _____
Employment confirmed by: _____	References confirmed by: _____	Hired: _____
If applicable, copy of certificates attached: CPR: Y/N First Aid Y/N Life Guard Y/N		
Notes: _____		
