



**River Edge Swim Club, Inc.**  
 P.O. Box 159  
 River Edge, NJ 07661

**Employment Application**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**POSITION APPLYING FOR (CHECK ONE)**

Lifeguard  Office  Maintenance

**CERTIFICATION (WRITE IN DATES EXPIRE MONTH & YEAR)**

LG \_\_\_\_\_  CPR \_\_\_\_\_  FIRST AID \_\_\_\_\_

WSI \_\_\_\_\_  EMT \_\_\_\_\_  LG INSTR. \_\_\_\_\_  CPR INSTR. \_\_\_\_\_

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

**PERSONAL DATA:**

Suit size (Check the correct size):

**Mens:** S =  M =  L =  XL =  XXL =

**Womens:** 30 =  32 =  34 =  36 =  38 =  40 =

**Tee Shirt:** S =  M =  L =  XL =  XXL =

**MEDICAL QUESTIONS:**

Have you had a tetanus booster within 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.**

**Please list prior employment:**

<u>Employer</u>	<u>Job Title</u>	<u>From - To</u>	<u>Salary</u>
1.			
2.			
3.			

**Please list the names of three (3) people who we may contact for reference;**

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
1.		
2.		
3.		

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

Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_

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

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: \_\_\_\_\_

**Return Completed Application to:** Mr. James Kenney, Business Manager  
 River Edge Swim Club  
 P.O. Box 159  
 River Edge, New Jersey 07661  
 Or Fax to 201-262-9037

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pool Manager: \_\_\_\_\_ Date Returned: \_\_\_\_\_ Date Interview: \_\_\_\_\_

Reference Checks: \_\_\_\_\_

Hired YES ( ) NO ( )

Conditions: \_\_\_\_\_