

2020 APPLICATION FOR EMPLOYMENT

FANNY CHAPMAN SWIMMING POOL
DOYLESTOWN, PENNSYLVANIA 18901

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
FULL/ PART TIME _____	RATE _____
POSITION _____	DATE _____

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Minimum age for employment is 14 years.

PERSONAL

Date _____

Name _____
Last First Middle

Mailing Address _____
No. Street City State Zip

Permanent Address _____
No. Street City State Zip

Home phone _____ Cell phone _____ Sex: M ___ F ___
Area Code

Date of Birth _____ Email _____
Month Day Year

Do you currently hold a Lifeguard/CPR Certification? _____ Expiration _____

WSI Certification? Yes ___ No ___ Expiration _____ ***(Attach Copies of your current certifications)***

Position applied for: _____ Assistant General Pool Manager (application plus resume required)
 _____ Assistant Manager _____ Head Swim Coach
 _____ Lifeguard _____ Assist. Swim Coach
 _____ Swimming Instructor _____ Head Diving Coach
 _____ Diving Instructor _____ Assistant. Diving Coach

Applying for: Full-time _____ Part time _____ Hourly wage expected _____

Specify days and hours available if part-time _____

Exact date available to start work * _____ Exact termination date _____

If time off from employment is required between the above dates, state specific time and reason for the requested time off. **More than 5 days time off may jeopardize job opportunity.**

*High school students are expected to work pre-season to ready pools and close the complex at the end of the season.

Previous experience related to job position for which you are applying.

Personal References

Name	Address	Telephone No.
1.	_____	_____
2.	_____	_____
3.	_____	_____

Comments

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history.

Signature of Applicant

This application should be completed and returned to the following address as soon as possible.

**Pool Manager
Fanny Chapman Memorial Pool
10 McKinstry Drive
Doylestown, PA 18901**

Email: poolmanager@doylestownborough.net