

# Job Application

Rocky Ledge Swimming Association  
1402 Old Orchard Street, White Plains, New York 10604  
(914)-948-8843

Rocky Ledge Swimming Association is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

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Please fill out ALL of the sections below:  
Please attach a copy of your resume (*Optional*)

## **Applicant Information**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

## **Employment Position**

Position Applying for: Lifeguard  
How did you hear about this position: \_\_\_\_\_  
What days are you available to work: \_\_\_\_\_  
\_\_\_\_\_  
What hours/shifts can you work? \_\_\_\_\_  
\_\_\_\_\_

\*\*(NOTE: There are three shifts at Rocky Ledge. There is a morning (9:00-3:00), afternoon (12:00-8:00) and evening shift (3:00-8:00). Hours are subject to change at managers discretion.)

Are these shifts/hours flexible for you? \_\_\_\_\_  
Are you going to be available to come in within 1-2 days notice? YES NO  
On what date can you start working if you are hired? \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Rocky Ledge Swimming Association?      YES    NO  
If yes, when?

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Are you 18 years of age or older?      YES    NO  
If no, are you approved to wok in the United States?

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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**Previous Employment (minimum of two if applicable)**

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**References**

Please provide 3 references below:

| Reference | Contact Information |
|-----------|---------------------|
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**Additional Information**

Give an example of a time where you demonstrated a leadership role.

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If we would like to interview you, what days and times work best for you?

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For this job you will have to carry out a variety of maintenance duties for instance, cleaning restrooms, snack area, the pool deck and grass & picnic areas. Do you have a difficulty with this?

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**AT-WILL EMPLOYMENT**

The relationship between you and the Rocky Ledge Swimming Association is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Rocky Ledge Swimming Association. No representative of Rocky Ledge Swimming Association has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our supervising staff.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| <p><b>FOR SUPERVISOR USE ONLY</b></p> <p>Approved by: _____ Date: _____</p> <p>Comments: _____</p> <hr/> <hr/> <hr/> |
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