



ROCKY LEDGE SWIMMING ASSOCIATION, INC.

Mailing: P.O Box 426 • White Plains, NY 10603
Address: 1402 Old Orchard Road • White Plains, NY 10604
www.rockyledgeswimmingassn.com

Job Application

PLEASE MAIL APPLICATIONS TO THE ADDRESS BELOW:

Katherine Shymonowicz
Rocky Ledge Swimming Association
P.O Box 426
White Plains, New York, 10604

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.

Do you have any vacation planned during the months RLSA is open? YES NO

If yes, please list the dates: _____

When do you leave for college, if applicable?

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 an issue with this?
YES NO

What date can you start working if you are hired? _____

** Please note Rocky Ledge Swimming Association is a seasonal facility. We open Memorial day weekend (that Saturday), and we close Labor day (that Monday) **

Additional Information (pt1)

Have you ever applied to or worked for Rocky Ledge Swimming Association? YES NO

Do you have any friends, relatives, or acquaintances working for or are members of RLSA?
YES NO

If yes, state name and relationship: _____

Are you 18 years of age or older? YES NO

If no, are you approved to work in the United States? YES NO

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?
YES NO

If yes, please explain: _____

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

Previous Employment

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: _____

Please attach a copy of your resume (Optional)

References

Please provide 3 references below:

Reference	Contact Information

Additional Information (pt2)

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

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

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 you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status.

Applicant Signature: _____

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Applicant Signature: _____ Date: _____

FOR SUPERVISOR USE ONLY	
Approved by: _____	Date: _____
Comments: _____	

