



# ROCKY LEDGE SWIMMING ASSOCIATION, INC.

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Mailing: P.O Box 426 • White Plains, NY 10603

Address: 1402 Old Orchard Road • White Plains, NY 10604

[www.rockyledgeswimmingassn.com](http://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.

Please fill out ALL of the sections below in **BLUE** or **BLACK** ink. Applications in colored pen or pencil will not be accepted. If your application is incomplete or does not clearly show the experience and/or training required, your application will **NOT** be accepted. If you have no information to enter in a section, please write: N/A. Upon completing the application please mail it to the address on page 1.

**Applicant Information**

Applicant Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Date of Application: \_\_\_\_\_

**Employment Position**

Position Applying for: Lifeguard

How many years of experience do you have?      1      2      3      4+

Are your certifications up to date?                      yes                      no

**\*\* Please take notice that NYSBOH requires CPR certifications to be updated every year\*\***

How did you hear about this position: \_\_\_\_\_

What days are you available to work:  
 Please circle all that apply

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday                      No preference

What hours can you work?  
 Please circle all that apply

9:30-3:00    10:00-3:00    10:00-8:00    11:00-3:00    11:00-8:00    12:00-8:00    3:00-8:00                      No preference

Are you available to work with 1 day's notice?                      YES    NO

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.

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

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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 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: \_\_\_\_\_

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