



Lifeguard Application For Employment

FOR THE TOWN OF NEW MARKET

Town of New Market
9418 John Sevier Road, P.O. Box 58
New Market, Virginia 22664
Phone: 540.740.3432
Fax: 540.740.9204
www.newmarketvirginia.com

AN EQUAL OPPORTUNITY EMPLOYER

The Town of New Market does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

ADA REASONABLE ACCOMMODATIONS UPON REQUEST

Instructions: Please complete the entire application. Incomplete applications WILL NOT be considered. Mail or bring your completed application to the Town of New Market Municipal Office at P.O. Box 58, 9418 John Sevier Road, New Market, Virginia 22844.

POSITION APPLYING FOR Lifeguard DATE OF APPLICATION _____

PRINT NAME _____
 (LAST) (FIRST) (MIDDLE)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE Home (____) _____ Work (____) _____

EMAIL _____ Best Time to Contact You? __:___AM/PM

Are you legally eligible to work in the U.S.? Yes No Are you a veteran? Yes No
(Proof of citizenship or immigration status will be required upon employment to verify eligibility)

Do you have a valid driver's license? Yes No Commercial Driver's License? Yes No

Expiration date: _____ Driver's License Number: _____

Have you previously filed an application with the Town of New Market? Yes No

If "YES" give position applied for and date _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Residence History		
<ul style="list-style-type: none"> List all residences in the past THREE YEARS. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc. and unit/apt number. (Do NOT use PO Boxes. If more space is needed, continue your response on additional page. 		
Address:		
City	State	Zip
From (MM/YYYY)	To (MM/YYYY)	

Address:		
City	State	Zip
From (MM/YYYY)	To (MM/YYYY)	

Address:		
City	State	Zip
From (MM/YYYY)		To (MM/YYYY)

EDUCATION: Name and location of high school attended: _____

Did you graduate? Yes No If not, have you passed a G.E.D. test? Yes No

	School & Location	From	To	Date Graduated	Degree	Major Area of Study
College Or University						
Other Education						

SPECIAL QUALIFICATIONS AND SKILLS (please describe any specialized training and skills, professional licenses and certificates, publications, scholastic honors, foreign languages, etc.):

PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

EMPLOYMENT EXPERIENCE: Start with your present job and work back, include military and volunteer experience. Additional experience should be listed by attaching separate sheets of paper or a personal resume. Be sure to include all requested information. If any employment was under a different name, indicate name.

Present Employer _____

Address _____

Phone Number (____) _____ Fax (____) _____

Job Title _____ Starting Salary _____ Present/Ending Salary _____

Dates of Employment: From _____ to _____ Hours per week _____

Supervisor's Name _____

Reason for Leaving _____

Work Description _____

Employer _____

Address _____

Phone Number (____) _____ Fax (____) _____

Job Title _____ Starting Salary _____ Present/Ending Salary _____

Dates of Employment: From _____ to _____ Hours per week _____

Supervisor's Name _____

Reason for Leaving _____

Work Description _____

Employer _____

Address _____

Phone Number (____) _____ Fax (____) _____

Job Title _____ Starting Salary _____ Present/Ending Salary _____

Dates of Employment: From _____ to _____ Hours per week _____

Supervisor's Name _____

Reason for Leaving _____

Work Description _____

Explain any gaps in work history: _____

Have you ever been dismissed or forced to resign a position? Yes No

If "YES", explain: _____

Have you ever been convicted of any offense against the law? Please omit juvenile offenses and minor traffic violations. Include convictions by general court martial while in the military service. Yes No

If "YES", give date, place, charge, court, and fine or sentence. _____

(A conviction does not automatically mean that you cannot be employed. Rather, such factors as position applied for, age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered. Give all the facts so that a decision can be made.)

How did you learn about the position for which you are applying? _____

ADDITIONAL INFORMATION: State any additional information that you feel may be helpful to us in considering your application. Please also feel free to include your personal resume with this application.

REFERENCES:

1. Name _____

Address _____

Phone Number (____) _____

2. Name _____

Address _____

Phone Number (____) _____

3. Name _____

Address _____

Phone Number (____) _____

Note to Applicants: Please do not answer this question unless you have been informed about the requirements of the job for which you are applying:

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

ATTENTION: THIS STATEMENT MUST BE SIGNED.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge, and authorize the Town of New Market to verify their accuracy. In connection with my application for employment with the Town of New Market, I understand that investigative reports which may contain public record information may be requested or made on me, including employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics, or mode of living, and trustworthiness.

I hereby release the Town of New Market from any/all liability of whatever kind and nature which, at any time, could result from verifying my information, obtaining information from any source, and/or basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Town of New Market. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process, shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Town of New Market may terminate my employment at any time with or without notice or cause.

Signature of Applicant

Date

Thank you for your interest in the Town of New Market!

This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.

Lifeguard/Assistant Manager Supplemental Information:

1. What is the total number of hours you wish to work weekly? _____
2. What is the minimum number of hours per week you would accept? _____
3. Are you able to work weekends and evenings? _____
4. If you are not currently certified, what is your expected date of completed lifeguard and CPR certification? _____
5. What date will you be available to start working? _____
6. What is your expected date to return to school, or what is the last day of the summer you are available to work? _____
7. Do you expect any scheduling conflicts? _____
8. Vacation plans/dates? _____
9. Working other jobs? _____
10. Do you participate in fall sports? If so, please list expected beginning date of practices:

11. Will you be available to work pool parties or swim meets which are scheduled after the pool's regular hours? _____
12. If applying for Assistant Manager, do you have any previous management experience? If so, when and where? _____
