



WILDEWOOD COMMUNITY ASSOCIATION INITIAL EMPLOYEE APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. The Wildewood community Association considers applicants for all positions without regard to marital or veteran status, uniformed service member status, race, color, religion, creed, gender, national origin, age, physical or mental disability, sexual orientation, genetic information or any other category protected by applicable federal, state or local laws.

What position are you interested in? - Please select all that apply.

Lifeguard _____ Head Lifeguard _____ Instructor _____ Manager _____ Office/Snack Shack _____

*Applicant must have current lifeguard training, CPR/AED and first aid certifications. Please attach copies to application or send directly to wildeewoodlessons@gmail.com.

Name: _____

Email: _____

Address: _____

Phone: _____

If applicable, do you need time off this summer? Yes__ No__

Earliest date you are available to work: _____

Dates: _____

Last date available to work: _____

Please indicate your availability below:

Table with 5 columns: Day (Monday-Sunday), Morning, Afternoon, Evening, Unavailable. Each cell contains a blank line for input.

Employment History

Employer: _____ Length of employment: _____ May we contact that employer? Yes__ No__

If yes, please list contact name and information: _____ Duties: _____

Position held: _____ Reason for leaving: _____

Employer: _____ Length of employment: _____ May we contact that employer? Yes__ No__

If yes, please list contact name and information: _____ Duties: _____

Position held: _____ Reason for leaving: _____

Employer: _____ Length of employment: _____ May we contact that employer? Yes__ No__

If yes, please list contact name and information: _____ Duties: _____

Position held: _____ Reason for leaving: _____

Employer: _____ Length of employment: _____ May we contact that employer? Yes__ No__

If yes, please list contact name and information: _____ Duties: _____

Position held: _____ Reason for leaving: _____

Employer: _____ Length of employment: _____ May we contact that employer? Yes__ No__

If yes, please list contact name and information: _____ Duties: _____

Position held: _____ Reason for leaving: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes__ No__