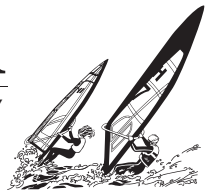
Starr Ridge Manor Civic Association

Employment Application

SRMCA
PEACH LAKE, NY



This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate such. We are an Equal Opportunity Employer and consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.

Name (First, Middle, Last)	E-Mail Address
Home Address	Home Phone Cell Phone
Date of Birth	Position Desired

Are you currently employed? If yes, may we contact your employer to obtain employment information?	☐ Yes ☐ No ☐ Yes ☐ No
Have you ever been employed with Starr Ridge Manor Civic Association Before? If yes, give dates From ____/____/_____ To ____/____/_____	☐ Yes ☐ No
If you are under 18 years of age, can you provide required proof of your eligibility to work [Working Papers]?	☐ Yes ☐ No ☐ Not Applicable

Can you work from Memorial Day through Labor Day Weekend: ☐ Yes ☐ No If you're in High School, Do you play a Fall Sport: ☐ Yes ☐ No

If you are in College, do you commute: ☐ Yes ☐ No, If no, when do you leave for school? _____

Are you able to work 11am - 3:30pm (check all that apply): ☐ Sun. ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat.

Are you able to work 3:30pm - 8:30pm (check all that apply): ☐ Sun. ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat.

Do you have any vacation planned: ☐ Yes ☐ No, If yes, when are you away? _____

All Lifeguards, if you are hired, will be required to be available for work from July 1st - July 8th. Will this be an issue: ☐ Yes ☐ No

Type of School Attended	Name and Location of School	Number of Years Completed (do not give dates)	Course of Study	Diploma or Degree Obtained
High School				
College				

List certificates (including CPR, WSI, First Aid) and licenses (including driver license) that would support your qualifications for employment. List experation dates next to each certificate and license.

If you are applying for a position which requires a Driver License, provide

Driver License Number here: _____

References: Two of the Three should be in writing and all must be by non-relative over 21 years of age

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

Present or Last Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local regulations.

Signature of Applicant:_____Date:_____