

SWIM CLUB APPLICATION

PLEASE RETURN THIS APPLICATION WITH THE REQUESTED INFORMATION TO:
SUPERINTENDENT OF RECREATION
370 BROAD AVENUE
LEONIA, NEW JERSEY 07605

DATE: _____

NAME _____		
LAST	FIRST	MIDDLE INITIAL
ADDRESS _____		ZIP _____
HOME PHONE _____	CELL PHONE _____	
EMAIL ADDRESS _____		
SOCIAL SECURITY NUMBER: _____ - _____ - _____		

ARE YOU OVER THE AGE OF 18? YES _____ NO _____

IF NO, DO YOU HAVE WORKING PAPERS? YES _____ NO _____
(YOU MUST OBTAIN WORKING PAPERS WHEN YOU ARE HIRED)

The Borough of Leonia pays it's employees through Direct Deposit. Do you have a checking account? Yes _____ No _____

POSITION APPLYING FOR: (CHECK ONE)	
LIFEGUARD _____	ADMISSIONS DESK _____
SUBSTITUTE LIFEGUARD _____	

PLEASE STATE TIMES AND EXACT DATES YOU ARE AVAILABLE FOR WORK:

FROM _____ TO _____

SUMMER VACATION TIME – PLEASE LIST DATES BELOW
(VACATIONS ARE FOR A ONE WEEK PERIOD ONLY. 5 DAYS PLUS 2 DAYS OFF.)

BATHING SUIT SIZE (Does not apply for substitutes) _____

SWEAT PANTS SIZE _____ SWEAT SHIRT SIZE _____

EDUCATION

HIGH SCHOOL _____	
CITY _____	
YEAR OF GRADUATION _____	
COLLEGE NAME _____	
CITY & STATE _____	
YEAR OF GRADUATION _____	DEGREE _____

REFERENCES

GIVE THE NAME OF TWO PERSONS NOT RELATED TO YOU.

NAME	ADDRESS & PHONE	RELATIONSHIP

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE BOROUGH OF LEONIA RECREATION COMMISSION.

THE BOROUGH OF LEONIA IS AN EQUAL OPPORTUNITY EMPLOYER.

SIGNATURE OF APPLICANT _____

DATE _____