

# BOROUGH OF HELLERTOWN

685 Main St., Hellertown PA 18055

Phone: 610-838-7041 Fax: 610-838-0500

www.hellertownborough.org

## Employment Application for Lifeguard

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

### Personal Information

Name: \_\_\_\_\_ SNN #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally authorized to work in the united states? Yes No  
If under 18 years of age, do you have working papers? Yes No  
Are you a certified lifeguard? Yes No  
Are you a certified first aid responder? Yes No  
Are you certified in the use of CPR and AED's? Yes No

### Certifications (Certifications Must Be Attached To This Application)

Type Of Certification	Expires	Certifying Agency		
Lifeguard		Red Cross	YMCA	Other
CPR/AED		Red Cross	YMCA	Other
First Aid		Red Cross	YMCA	Other

### Life Guard Experience

<u>Name Of Pool/beach</u>	<u>Location</u>	<u>Year</u>	<u>Full Time/part Time</u>	
			FT	PT
			FT	PT
			FT	PT

If Hired, Will You Have To Terminate Work before Labor Day? Yes No

If yes, approximately when do you need to terminate your employment?

Have you worked for the Borough of Hellertown before? Yes No

If so, when: \_\_\_\_\_ Position: \_\_\_\_\_

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Education

Schools Attended

Grade/Degree Completed

High School

Undergraduate

Other

Extracurricular Activities:

List any additional qualifications which you feel are appropriate

Last place of Employment

Company Name:

Supervisor:

Address:

Phone #:

City:

State:

Zip:

Length of Employment:

May we contact this employer?:

Yes

No

If no, why?

Reason for leaving:

Emergency Contact Information

Name:

Phone 1:

Address:

Phone 2:

City:

State:

Zip:

Email:

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Do you intend to take any summer vacations (days off)?

Yes

No

If yes, please list all dates:

References

Name

Relationship

(1)

(2)

(3)

All persons under 18 years of age must arrange for working papers through the school office. Required working papers must accompany this application upon SUBMISSION.

If under 18 years of age, I have attached my official working papers to this application.      Yes      No

This application is for part-time work and I understand that the work will be on a temporary basis.

I understand that the wage rates will be determined by Borough Council.

I further acknowledge that all information presented herein is accurate to the best of my knowledge.

APPLICANT'S SIGNATURE:

DATE:

PARENT SIGNATURE:

DATE: