

LAKE MOKOMA ASSOCIATION

P.O. Box 132
Laporte, PA 18626
570.946.4036

EMPLOYMENT APPLICATION

NAME:

PHONE:

EMAIL:

HOME ADDRESS:

CITY:

STATE:

ZIP:

AGE:

SOCIAL SECURITY:

DATE OF BIRTH:

EDUCATIONAL STATUS:

RECORD OF PAST EMPLOYMENT: (Please Include Dates and Job Requirements)

EMPLOYMENT REFERENCES (please include address and phone number)

POSITION THAT YOU ARE APPLYING FOR:

LIFE GUARD	COUNTER	MONITOR
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LIST ANY CERTIFICATIONS BELOW:

WSI: _____ DATE ISSUED _____ LIFEGUARD: _____ DATE ISSUED _____

CPR: _____ DATE ISSUED _____ FIRST AID: _____ DATE ISSUED _____

HOURS:

PART-TIME	FULL-TIME
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AVAILABILITY: (Include start and end times as well as long term absences or fall sports.)

***I WOULD AGREE TO SERVE THE ENTIRE SEASON SPECIFIED IN THE LMA EMPLOYEE HANDBOOK INCLUDING LABOR DAY. I REALIZE THAT THE AVAILABILTY TIMES I SPECIFIED ABOVE COULD BE USED AS A DETERMIMNING FACTOR FOR EMPLOYEMENT. ACCORDING TO THE LMA POLICY ANY DAYS NEEDED DURING THE SEASON CAN BE REFUSED BY MANAGEMENT AND THE HIRING COMMITTEE.**

****LIFEGUARD APPLICANTS MUST SUBMIT COPIES OF THEIR CERTIFICATION CARDS WITH THEIR APPLICATION TO BE CONSIDERED FOR A POSITION OR MUST PROVIDE PROOF OF ENROLLMENT.**

NAME

DATE