

BOROUGH OF MIFFLINBURG
APPLICATION FOR EMPLOYMENT
KATHRYN E. GOSS MEMORIAL POOL

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET, CITY, STATE, ZIP)

TELEPHONE NUMBER: _____ E-Mail _____

ARE YOU OVER THE AGE OF 18? _____ YES _____ NO
IF NO, STATE YOUR AGE _____

POSITION BEING APPLIED FOR:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> ASSISTANT MANAGER | <input type="checkbox"/> CONCESSIONS |
| <input type="checkbox"/> CASHIER | <input type="checkbox"/> LIFEGUARD |

DATES AVAILABLE FOR EMPLOYMENT: _____

HAVE YOU WORKED PREVIOUSLY AT THE KATHRYN E. GOSS MEMORIAL POOL?

YES IF YES, WHEN? _____ NO
WHAT CAPACITY? _____

INDICATE WHICH CURRENT RED CROSS CERTIFICATE YOU HOLD. (IF APPLICABLE)

- | | |
|---|----------------------|
| <input type="checkbox"/> WATER SAFETY | WHEN OBTAINED? _____ |
| <input type="checkbox"/> SENIOR LIFE SAVING | WHEN OBTAINED? _____ |
| <input type="checkbox"/> OTHER | _____ |

RECORD OF PREVIOUS EMPLOYMENT:

EMPLOYER NAME _____
ADDRESS: _____
PHONE NUMBER: _____
POSITION HELD: _____
ENDING SALARY: _____
REASON FOR LEAVING: _____

EMPLOYER NAME _____
ADDRESS: _____
PHONE NUMBER: _____
POSITION HELD: _____
ENDING SALARY: _____
REASON FOR LEAVING: _____

RECORD OF EDUCATION:

HIGH SCHOOL	COURSE OF STUDY	DATES	CERT. REC'D
_____	_____	_____	_____
COLLEGE			
_____	_____	_____	_____

PLEASE PROVIDE TWO REFERENCES:

NAME _____ PHONE NUMBERS _____
ADDRESS _____

NAME _____ PHONE NUMBERS _____
ADDRESS _____

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, discharge from employment. I authorize the employer to verify and investigate, at its discretion, the information contained herein and make such further investigation as it deems proper with respect to my employment history, work habits, job performance, and educational background, whether same is of written record or not; and I authorize my employers to furnish such information, and release them from any damage on account of furnishing such information. I agree that a photocopy of this signed application shall have the effect of the original.

(Date)

(Applicant's Signature)