

**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:

- MANAGER  CASHIER/DESK ADMISSIONS  
 ASSISTANT MANAGER  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)

- WATER SAFETY WHEN OBTAINED? \_\_\_\_\_  
 SENIOR LIFE SAVING WHEN OBTAINED? \_\_\_\_\_  
 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 NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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 an original.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)