



Lenape Valley

SWIM & TENNIS CLUB

2010 APPLICATION FOR EMPLOYMENT

215-822-8334 (Office)

215-822-0577 (Fax)

www.lenapevalleyswimclub.com

Lenape Valley Swim and tennis Club, Inc. considers applicants for all positions without regard to race, color, sexual orientation, religion, creed, gender, national origin, age within job requirements, disability, marital or veteran status, or any other legally protected status.

- *Application for Employment to be completed by applicant only.
- ***Applicants for Management/Supervisory positions must include resume.**
- *All applicants must be age 15 by May 1st, 2010.
- ***All Lifeguards must be certified/recertified prior to May 17, 2010.**

Date: _____ (New Applicant)

Last Name _____ First _____

Full Address: _____

Phone _____ Email _____

POSITION APPLYING FOR: _____

State Regulations mandate minimum ages for some positions. As of May 1, 2010, please check box that indicates your age range. 15/16 17-20 Over 21

In Case of Emergency: Name and Phone _____

Employment Experience

LVSC: Yes No Position Held _____ Payrate _____

Other Employment: Yes _____

CERTIFICATION RECORDS

POST CURRENT DATES:

LIFEGUARD Certification: _____

CPR/FIRST AID+: _____

If certification will be expiring, post date of re-certification and location _____

OTHER: _____

EDUCATION

Post school and grade, or higher education completed by June 2010: _____

Post schooling or job related skills that you have to offer the position applying for:

REFERENCES

If you were not employed by Lenape Valley Swim Club in 2009, list references:

- | | |
|----------------|-------------|
| 1.) Name _____ | Phone _____ |
| 2.) Name _____ | Phone _____ |
| 3.) Name _____ | Phone _____ |

In applying to Lenape Valley Swim and Tennis Club, I understand that this is full-time (15-40 hours per week) seasonal employment.

If I cannot commit to full-time, I would like to be considered for substitute work only. Please initial if you are applying for substitute work only: _____

Printed Name: _____ Date: _____

Signature: _____

Send completed form to: LVSC, PO BOX 202, Chalfont, PA 18914