

LIFEGUARD APPLICATIONS

CERTIFICATIONS REQUIRED

Please be advised that along with your application for employment as a Westfield Memorial Pool Lifeguard, you will also need to complete required certifications.

NOTE: Certifications, or a letter stating you are/or will be enrolled in a class, must be included along with your application for employment.

For your information—the local YMCA's and the JCC in Scotch Plains offer training courses. To register online for a lifeguard course you may go to one of the following:

www.starfishaquatics.org

www.redcross.org

After filling out a complete application, the Westfield Recreation Department will contact you for an interview. Interviews usually occur in the months of April and May.

Thank you!

Westfield Recreation Department
908-789-4080



Town of Westfield

425 East Broad Street, Westfield, New Jersey 07090

Employment Application

Applicant Information:

Name (Last, First, Middle): _____

Address: _____ (Apt. if applicable) _____

City/Town/Zip: _____

Telephone: Home: () _____ Cell: () _____

E-mail: _____ Social Security Number: _____ - _____ - _____

Position applied for: _____

Have you ever applied to the Town of Westfield before: ___ Yes ___ No If yes, give date _____

Date you can start: _____ Salary desired: _____

Are you available to work: ___ Full time ___ Part time ___ Temporary ___ Seasonal

Are you currently employed: ___ Yes ___ No May we contact you at work: ___ Yes ___ No

May we contact your current employer: ___ Yes ___ No

Are you currently on layoff status and subject to recall: ___ Yes ___ No

Do you possess a valid driver's license: ___ Yes ___ No

Do you possess a valid commercial driver's license: ___ Yes ___ No If yes, please list any endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work: ___ Yes ___ No

Are you legally eligible to work in the United States of America: ___ Yes ___ No *(Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.)*

Please be advised that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests as well as complete background and criminal checks.

The Town of Westfield is an Equal Opportunity Employer M/F

Employment History: This section must be completed even if you attach a resume. List your last four employers and any major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked "comments" located on the bottom of this page.

Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Comments: _____

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Town of Westfield, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Town of Westfield later discovers that information on this form was incomplete, untrue, or inaccurate.

I give the Town of Westfield the right to investigate the information I have provided and talk with former employers (except where I have indicated they may not be contacted). I give the Town of Westfield the right to secure additional job-related information about me. I release the Town of Westfield and its representatives from all liability for seeking such information.

I understand that the Town of Westfield is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Town of Westfield will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Town of Westfield may terminate me at any time in accordance with its established policies and procedures. No representatives of the Town of Westfield may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that I may be subject to complete background and criminal checks.

For your application to be considered, you must sign and date below.

Applicant's Signature _____ **Date** _____