



Southern End Community Association

Seasonal Employment Application

Please type or print clearly with blue or black ink.

Last Name: _____ First Name: _____

Address: _____

Cell Phone Number: _____ Date of Birth: _____

Email address: _____

Have you ever worked for SECA before? YES NO If so, what position? _____

What position are you applying for? _____

LIFEGUARD INFORMATION – PLEASE ATTACH COPIES OF YOUR CERTIFICATIONS

CPR Certificate (date received): _____ Copy attached: _____

FIRST AID CERTIFICATE (date received): _____ Copy attached: _____

Lifeguard Certification (date received): _____ Copy attached: _____

A.E.D. Certification (date received): _____ Copy attached: _____

Gov't Issued ID (birth certificate, passport or license) _____ Copy attached: _____

PLEASE NOTE: All applicants under 16 years of age are required to submit working papers, which are available at your local high school.

SWIM INSTRUCTION

Are you certified/trained to provide swim instruction? YES NO

If "yes", please indicate certification: _____

Do you have experience teaching swim lessons? YES NO

If "yes", please explain: _____

Do you want to be considered for a position as a swim instructor? YES NO

FRONT DESK/SNACK BAR ATTENDENT

Please explain any cash handling experience: _____

Please explain any food service experience: _____

Please explain any customer service experience: _____

EDUCATION

Current High School and Grade or Graduation Year: _____

Current College, Course of Study, Graduation Year: _____

SUMMER AVAILABILITY

Dates you are available to work this year from May through September: _____

Any dates you are NOT AVAILABLE to work this summer (vacations, college orientation, sports camps/practice, other):

How many hours do you want to work each week? 5-10 10-15 15-20 20-25 25-30

What are the minimum hours you are will work each week? 5-10 10-15 15-20 20-25 25-30

Are you willing to work weekends and holidays? YES NO

Please describe any supervisory experience you many have had (be specific):

Why do you feel you would be an asset to the SECA TEAM this summer?

REFERENCES (NOT related to you and NOT previous employers)

1. Name _____ Phone _____

Email _____

2. Name _____ Phone _____

Email _____

3. Name _____ Phone _____

Email _____

WORK EXPERIENCES Most recent first, for the last 5 years if applicable

Employer: _____ Job Title: _____
Phone: _____ Address: _____
Supervisor: _____ Supervisor Email: _____
Ending Salary/Hourly rate: _____ FULL TIME PART TIME From _____ to _____
May we contact the supervisor? YES NO Reason for leaving: _____
Description of job duties: _____

Employer: _____ Job Title: _____
Phone: _____ Address: _____
Supervisor: _____ Supervisor Email: _____
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Ending Salary/Hourly rate: _____ FULL TIME PART TIME From _____ to _____
May we contact the supervisor? YES NO Reason for leaving: _____
Description of job duties: _____

APPLICANT STATEMENT- Must be signed and may not be altered.

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false or misleading answer or statement may result in immediate dismissal at any time. The Southern End Community Association (SECA) is hereby authorized to contact my present and past employers as references to obtain any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. SECA is hereby authorized to make any investigation of my educational history. As a condition of employment, I give permission for SECA to conduct background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon SECA receiving no inappropriate information on my background. I hereby release and hold harmless from liability SECA, its officers, employees and volunteers thereof, from any liability or damage which may result from furnishing the information requested. To help ensure a safe and healthful working environment, I understand that I may be asked to provide body substance samples to determine the illicit or illegal use of drugs or alcohol. I acknowledge that if I become employed by SECA, my employment will be at-will and may be terminated with or without cause at any time by me or the employer.

IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT. APPLICANTS SIGNATURE IS REQUIRED TO PROCESS APPLICATION.

Applicant Signature: _____ Date: _____

NOTE: Applications, letters of reference and/or resumes become the property of SECA and cannot be returned. SECA cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered. Please submit this application prior to 5 pm on the closing date.