

Woodridge Swim Club 2020 Employee Application

NAME _____

Please complete the application (in ink) and mail it to the following address no later than
January 1, 2020 Mail to: **Mr. Felty**

**644 W Brubaker Valley RD
Lititz, PA 17543**

***All Employees will be required to either complete the Pennsylvania ACT 153 Background Clearances or provide proof that they have been completed for another job/activity. This is a requirement for employment required by the Commonwealth of Pennsylvania, not Woodridge Swim Club. Clearances need to be completed every 5 years to be qualified for employment. Employees will be reimbursed for the cost to complete these clearances.**

1. Number of years you worked at Woodridge _____

2. Your age beginning on May 1, 2020 _____ Date of Birth _____

***All prospective lifeguards must be at least age 15 and office and snack bar employees must be at least age 14 by April 1, 2020 in order to be considered for employment.**

3. Position(s) you would like to be considered for: (Please circle)

Full-Time Guard Part-Time Guard Sub Guard Office Snack Bar

4. If chosen to work as a guard, do you plan to be certified by May 15, 2020? _____

5. Are you willing to accept a part-time position if full-time is not available? Circle- Yes / No

6. Starting date and ending date. (Consider sports and college begin/end dates)

7. Provide dates or at least the amount of time unavailable due to vacation, sports camps, etc.

8. Will you be involved with the swim team? (Please circle) Yes / No

9. Provide any set day of the week you will not be available. (Ex. Every Tuesday or most weekends)

10. List anything else that we need to know about you (continue on the back if needed)

YOUR FULL ADDRESS _____

E-MAIL _____

HOME PHONE _____ CELL PHONE _____

SCHOOL DISTRICT WHERE YOU LIVE _____

SOCIAL SECURITY # _____ SIGNATURE _____

YOU WILL BE NOTIFIED OF THE BOARD'S DECISION FOR EMPLOYMENT NO LATER THAN APRIL 1, 2020.