

SHILLINGTON RECREATION BOARD

Returning Employee

Date: _____

Name: _____

Address:

Phone Number: _____

Email: _____

Years and position worked for Borough: _____

Check position(s) for which you are applying:

____ Pool Manager

____ Asst. Pool Manager

____ Desk Clerk

____ Swim Coach

____ Asst. Swim Coach

____ Lifeguard

____ Snack Bar Manager

____ Snack Bar

____ Diving Coach

____ Playground Leader

____ Tot Lot Leader

Qualifications: (Attached a copy of your certificates)

____ Certified Lifesaving

Expiration Date: _____

____ CPR

Expiration Date: _____

____ First Aid

Expiration Date: _____

____ AED

Expiration Date: _____

Required Clearances: (Attached a copy of your certificates)

____ Child Abuse History

Date obtain: _____

____ Criminal History Check

Date obtain: _____

____ FBI Fingerprinting

Date obtain: _____

____ Working Papers

Date obtain: _____ (*Only applicable to employees under 18)

*NOTE: Employment cannot begin until the Borough has received all required clearances.

First date available to work: _____

List any dates you cannot work: _____

I certify that there are no misrepresentations omissions, or falsifications in the foregoing statements and answers, and the entries made by me above are true, complete and correct to the best of my knowledge and beliefs and are made in good faith.

Applicant's Signature

Please return to: Kyle.kuser@gmsd.org (put Employment application in subject line)

Applications Due March 1st, 2022