



# Southern End Community Association- "SECA"

## "Seasonal" Job Application for Employment

Note: An incomplete or illegible application will not be accepted. Please type or use ball point pen in completing this application. PLEASE PRINT CLEARLY and USE BLUE OR BLACK INK.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**LIFEGUARD INFORMATION – PLEASE ATTACH PHOTOCOPIES OF YOUR CERTIFICATIONS (even if you have worked for us before).**

C.P.R. 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, license) \_\_\_\_\_ copy attached: \_\_\_\_\_

PLEASE NOTE: All applicants under the age of 18 will be required to submit working papers. Working papers 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**

Have you ever handled cash before? YES NO

If "yes" please explain experience: \_\_\_\_\_

Do you have food service experience? YES NO

If "yes" please explain experience: \_\_\_\_\_

Do you have customer service experience? YES NO

If "yes" please explain experience: \_\_\_\_\_

**EDUCATION**

Grade in September: 9<sup>th</sup>      10<sup>th</sup>      11<sup>th</sup>      12<sup>th</sup>      College: Freshmen      Sophomore      Junior      Senior

High School Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College (if applicable): \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Course of Study: \_\_\_\_\_

**SUMMER AVAILABILITY**

Dates you are available to work this summer: FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

**ANY DATES (vacations, college orientation, sports camps, other) you are NOT AVAILABLE to work this summer:**

\_\_\_\_\_

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 will work each week?      5 - 10      10 - 15      15 - 20      20 -25      25 - 30

Are you willing to work weekends and holidays?      YES      NO

**What shifts are you available to work each week? (These hours are subject to change.)**

Put <b>Yes</b> or <b>No</b> in Column	11-4	2-6	4-9		11-4	2-6	4-9
MONDAY				FRIDAY			
TUESDAY				SATURDAY			
WEDNESDAY				SUNDAY			
THURSDAY				PARTY (after hours)			

**Please describe any supervisory experience you may have (be specific)?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you feel you will be an asset to the SECA TEAM this summer?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give names, addresses and telephone numbers of three (3) references that are NOT related to you and are NOT previous employers.

1. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**WORK EXPERIENCES (Please list your work experience, most recent first for at least the last 5 years.)**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Ending Salary/hourly rate: \_\_\_\_\_  Full-time  Part-time From: Mo. \_\_\_\_ Yr. \_\_\_\_ To: Mo. \_\_\_\_ Yr. \_\_\_\_

If Part-Time, # of hrs/wk \_\_\_\_ May we contact your Supervisor?  Yes  No Reason for leaving: \_\_\_\_\_

Description of job duties: \_\_\_\_\_

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Ending Salary/hourly rate: \_\_\_\_\_  Full-time  Part-time From: Mo. \_\_\_\_ Yr. \_\_\_\_ To: Mo. \_\_\_\_ Yr. \_\_\_\_

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Description of job duties: \_\_\_\_\_

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**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 a 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 and 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 by the employer.

**IN ACCORDANCE WITH THE 1986 IMMIGRATION AND REFORM ACT, PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES IS REQUIRED UPON EMPLOYMENT. APPLICANT'S 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 p.m. on the closing date.