



# Chatham Township Seasonal Employment Application

Please complete and return application and include:

- Working papers – (if required) \*For ALL persons under 18 years old
- Annual W-4 Employee Withholding form (w/ copy of Signed Social Security card), and
- I-9 Eligibility Verification form w/copies of docs. (for all new staff)

NAME \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Position(s) applied for: (Check one)**

**The Colony Pool Club:**

\_\_\_\_ Full Time Lifeguard (Bathing Suit Size \_\_\_\_/ + T-Shirt Size \_\_\_\_)

or

\_\_\_\_ Substitute Lifeguard (Bathing Suit Size \_\_\_\_/ + T-Shirt Size \_\_\_\_),

**The Colony Pool Club Staff:**

\_\_\_\_ Colony Gate staff

\_\_\_\_ Colony Pool Maintenance team

**Department of Public Works (DPW):**

\_\_\_\_\_

Have you been previously employed by us? \_\_\_\_\_ When? \_\_\_\_\_ Position? \_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

**\*\*Qualifications\*\*** (Please include a copy of all Current Certifications. Water Safety Instructor's Certificate will increase your pay!)

Please check off the following certifications you hold!

\_\_\_\_ Lifeguarding/First Aid

\_\_\_\_\_ Date Received

\_\_\_\_ CPR/AED

\_\_\_\_\_ Date Received

\_\_\_\_ Water Safety Instructor

\_\_\_\_\_ Date Received

\_\_\_\_ (Other)

\_\_\_\_\_ Date Received

**INTERESTS:**

\*Briefly describe any relevant experience, specialized training, skills and extra-curricular activities that would enhance your ability to perform well in the position you are seeking at The Colony Pool Club or DPW.

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# EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	# of Years Completed	Did you Graduate?	Degree/Diploma
High School				
College				

**\*References / Employment (as pertinent):**

Business/ reference name	Phone#(    )    -
Address	Employed From    / To
Supervisor's Name	Rate/Salary
Job Title	Reason for Leaving

Business/ reference name	Phone#(    )    -
Address	Employed From    / To
Supervisor's Name	Rate/Salary
Job Title	Reason for Leaving

**\*May we contact your references? ( ) YES    ( ) NO**

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## S I G N A T U R E

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**Authorization**

I certify that the information stated on this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements in this application could be grounds for dismissal. It is further understood that until all documents are completed, submitted, reviewed and approved, there is no promise of employment. All applications will be reviewed in the order they are received.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent if under 18

\_\_\_\_\_  
Date

**Interviewer Remarks:**

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