Lake Barcroft Association, Inc.
APPLICATION FOR EMPLOYMENT

Summer of _____

Name of Applicant: _____

Address: _____

_____

Home Telephone: _____

Cell Telephone: _____

Email Address: _____

Date of Birth: _____

Are you a Lake Barcroft resident? Yes No

EDUCATION *(please attach additional information, if necessary)*

High School : _____
_____
_____

Grade Completed : 9 10 11 12
Graduated: yes no
Graduation Date: _____

College: _____
_____
_____
Major: _____

Years Completed: 1 2 3 4
Graduated: yes no
Graduation Date: _____
Degree Earned: _____

Graduate School: _____
_____
_____
Major: _____

Years Completed: 1 2 3 4
Graduated: yes no
Graduation Date: _____
Degree Earned: _____

WORK EXPERIENCE *(please attach additional information, if necessary)*

Employer : _____
Address: _____
_____
Contact Name: _____

Date Employed : _____ to _____
Position Held: _____
Salary Earned: _____ per _____
Contact Number: _____
May we contact this employer? yes no

Employer : _____
Address: _____
_____
Contact Name: _____

Date Employed : _____ to _____
Position Held: _____
Salary Earned: _____ per _____
Contact Number: _____
May we contact this employer? yes no

Please circle the position(s) you are applying for:

Staff Lifeguard
Lifeguard Manager
Swim Instructor

Please circle your desired workload?
(note: workload is not guaranteed with employment)

Full-Time (32-40hrs/wk)
Part-Time (10-30hrs/wk)
Weekends Only (2 shifts)

Please list your current Water Safety Certifications:

TYPE OF CERTIFICATION	ISSUED BY (agency)	EXPIRATION DATE

If not an instructor, would you be interested in assisting group swim instruction? Yes No

Staff Shirt Size: M L XL Staff Swim Suit Size: _____

Please indicate your anticipated vacation dates and other availability notes:

_____
_____
_____
_____
_____

REFERENCES

Please list two responsible people who can testify to your good character other than family members or previous employers.

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Please note that all successful candidates must be strong swimmers, as determined by the Water Safety Supervisor, and are subject to a swim test. The Lake Barcroft Association accepts applications from all people regardless of sex, race, religion, national origin, or disability.

I certify that the information I have provided is true and accurate to the best of my knowledge and hereby submit this application for employment at Lake Barcroft.

Applicant Signature: _____ **Date:** _____

Please send completed applications to:

Lake Barcroft Association, Inc.
P.O. Box 1085
Falls Church, VA 22041
ATTN: Water Safety Supervisor
FAX 703-941-1535

or

Directly to the Water Safety Supervisor at:
Kevin Hardy
PO Box 238
Arendtsville, PA 17303
wsshardy@embarqmail.com