

SYC EMPLOYMENT APPLICATION

IMPORTANT!! – If you are not 16 years old by Apr 1 of the current year, you are required by law to have a completed Work Permit if hired. Information is available at <https://www.doli.virginia.gov/labor-law/employment-certificate-application-instructions/>

We are taking applications for certified lifeguards who are also willing to work concessions.

PERSONAL INFORMATION

Full Name: _____ Preferred Name: _____

Street Address: _____ City: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Email address: _____

EDUCATION

High School: _____ GPA: _____

Year Completed: 9th, 10th, 11th, 12th

College: _____ GPA: _____

Year Completed: 1 2 3 4 5 Major: _____

List extracurricular activities and sports you participate in at the high school or college you currently attend.

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Do you have a history of medical conditions? NO/YES – if yes, please explain:

PERSONAL REFERENCES

Name: _____ Phone: _____

Relationship: _____ How long have you known them: _____

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Will you be available to work Memorial Day weekend? Yes No

Will you be available to work the week of Fourth of July? Yes No

Are there dates that you know now you will be unavailable to work between Memorial Day and Labor Day?
(vacation, church trip, camp, fall sport, etc.)

| Date(s) | Why? |
|---------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you plan to work a second job during the summer? If so, what will those hours be (that would conflict with SYC work hours)

Our lifeguards set an example of physical fitness, team work and SYC spirit by swimming for the SYC swim team. If 18 or younger on June 1, will you be willing to swim for SYC? (employees pay \$25 to swim rather than normal team fees)

Yes or No or 19 or older as of June 1

CERTIFICATIONS Issued by Expires

Lifeguard Training & First Aid: _____

CPR/AED for Professional Rescuer: _____

If you are not currently certified, please indicate the month you plan to be trained: _____

SIGNATURE: _____

By signing above and submitting this application, I acknowledge that any statements made on this application found to be false may immediately disqualify me from employment and/or result in my immediate termination from Colonial Heights Swim & Yacht Club. I also understand that I am applying for a seasonal position and that the term of employment shall be for the summer months only. Therefore, I agree that I will not file for unemployment benefits when the swim season ends. I understand that any information gathered from this application or by contacting people or companies listed on this application shall be held in strict confidence by SYC and shall only be released upon my written consent.

Mail completed application to:

Cestelle Green, Manager, P O Box 305, Colonial Heights, VA 23834

Deadline is March 15 unless positions remain open after this date.