



# Township of Morris

Parks and Recreation Dept.  
50 Woodland Avenue PO Box 7603  
Convent Station, NJ 07961-7603  
(973) 326-7371 / Fax: (973) 605-8363

## Swimming Pool Employment Application- 2023

WE ARE AN EQUAL OPPURTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

DATE: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_ Tele. # \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_

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Pool Employment Preference: Ginty ( ) Streeter ( ) Either Pool ( )

**All new employees over 18 years of age are subject to a criminal history check.**

**NOTE: EMPLOYMENT DATES ARE JUNE 3, 2023 TO SEPTEMBER 4, 2023  
ALL PERSONNEL HIRED ARE EXPECTED TO FULFILL EMPLOYMENT DATES.**

Position applying for: (circle appropriate title)

Head Lifeguard      Swim Instructor      Lifeguard      Pool Attendant

Yes      No

- \*Are you 18 yrs. old or older? (If No, Working Papers are required) ( ) ( )
- \*Do you need working papers? (Age 17 or younger by 5/30/23) ( ) ( )
- \*Have you ever filed an application with us before? ( ) ( )  
If yes, give date: \_\_\_\_\_
- \*Have you ever been employed with us before? ( ) ( )  
If yes, give date: \_\_\_\_\_
- \*May we contact your present employer? ( ) ( )
- \*Are you prevented from lawfully being employed in this country because of Visa or Immigration Status? ( ) ( )

### EDUCATION INFORMATION

(CIRCLE YEARS)

H.S. Attended: \_\_\_\_\_ Years Completed thru 6/2022: 1 2 3 4

Diploma: YES ( ) NO ( ) Date Received: \_\_\_\_\_

College Attended: \_\_\_\_\_ Years Completed thru 5/2022: 1 2 3 4

Degree: YES ( ) NO ( ) Date Received: \_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST YOUR MOST RECENT EMPLOYER FIRST (BOTH PAID AND/OR VOLUNTEER POSITIONS)

Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Job Title \_\_\_\_\_  
 Job Duties \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Job Title \_\_\_\_\_  
 Job Duties \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Job Title \_\_\_\_\_  
 Job Duties \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**EXPERIENCE & BACKGROUND**

1. Do you hold a valid Lifeguarding Certificate with First Aid & CPR? **YES ( ) NO ( )**  
 Expiration Date: \_\_\_/\_\_\_/\_\_\_ If no, are you enrolled in a Lifeguarding Class? \_\_\_ Yes \_\_\_ No  
 mo. day yr.

3. Do you hold a valid Water Safety Instructor’s Certificate? **YES ( ) NO ( )**  
 Date received: \_\_\_/\_\_\_/\_\_\_  
 mo. day yr.

**Please submit copies of all certifications.**

4. List below your experiences with swimming pools or aquatics: (Example- Pool operation, lifeguarding, swim team, etc.) List the most recent first:

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

5. Please list below any allied experience which you feel would aid the position being applied for: (Example - working with children, baby-sitting, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. When would you be available for employment? \_\_\_\_\_

7. Are you able to work a minimum of one weekend day per week and from 30 to 35 hours total per Week? Yes ( ) No ( )

8. What date would you have to terminate employment? (Example: leave for college)  
 Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Reason : \_\_\_\_\_  
 \_\_\_\_\_

9. Do you have any plans that would interrupt your ability to work between June 3, 2023 and September 4, 2023? (Example– family vacations, sports camps, school travel, service group trips, fall sports)  
Yes ( ) No ( )

If yes, please explain and list dates: \_\_\_\_\_  
\_\_\_\_\_

10. When would you be available for an interview? Month \_\_\_\_\_ Date/Days \_\_\_\_\_

11. Have you had a physical examination within the last year? YES ( ) NO ( )

Date: \_\_\_/\_\_\_/\_\_\_ Doctor: \_\_\_\_\_

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

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

\_\_\_\_\_  
Name Address Tel. #

**PLEASE LIST TWO (2) REFERENCES BELOW (DO NOT INCLUDE RELATIVES)**

\_\_\_\_\_  
Name: Address: Position: Tel. #

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ & SIGN THIS APPLICANTS STATEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
This application for employment shall be considered active for a period of time not to exceed 150 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*PLEASE ATTACH COPIES (FRONT & BACK) OF ALL APPROPRIATE CERTIFICATIONS**

**WAIVER & RELEASE OF LIABILITY (MINOR)**

For applicants who are 17 years of age or younger – please have your **parent or legal guardian** complete this section:

I, the parent of (name of employee/volunteer) \_\_\_\_\_, a minor, agree that, in consideration of being allowed to participate, the employee and I will abide by the rules of the Township of Morris Parks and Recreation Program and its affiliated organizations and contractors. Recognizing the possibility of physical injury associated with all aquatics, sports and recreation programs and activities, I hereby release, discharge, hold harmless and/or otherwise indemnify the Township of Morris, its officials, employees, agents, and associated volunteer personnel, against any claim by or on behalf of the employee as a result of the employee's work in the Program. I represent that the employee/volunteer has no physical or mental limitation that would preclude him/her from participating in this work. I knowingly and freely assume all such risks and assume all such responsibility to the fullest extent permitted by law. I fully understand the terms and conditions of this release of liability and assumption of risk agreement and sign it freely and voluntarily without any inducement.

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**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As parent /legal guardian of (name of employee/volunteer) \_\_\_\_\_, a minor, I hereby give consent for emergency medical care, if required, as a result of injury or illness that may occur during this activity. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I also confirm that my child is physically and mentally capable and qualified to participate in this work. It is my affirmative obligation to bring any limitations my child may have to the attention of the Township of Morris Parks & Recreation Program.

Name of Parent/Guardian (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

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