

**THE FAYSON LAKES ASSOCIATION
EMPLOYMENT APPLICATION
10 CLUBHOUSE TRAIL
KINNELON, NJ 07405**

NAME _____ EMAIL _____
 ADDRESS _____ CELL PHONE _____
 SOCIAL SECURITY # _____ DATE OF BIRTH _____

Please circle position you are applying for:

Beach Director Assistant Beach Director Night Supervisor Head Guard Lifeguard
 Badge Checker Maintenance

Certifications

Indicate valid certifications	Date of Expiration
Lifeguard Training	
Waterfront Safety	
First Aid	
CPR	
Water Safety Instructor	
Boat Safety	Yes / No

Previous Experience

Name/Salary	Duties	Address	Telephone

Education

High School: _____
 College: _____
 Present Grade: _____

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Medical

Physician's Name

Date of Last Physical

Physician's Address

Do you have any medical conditions which an employer needs to be aware of for your personal safety? (e.g., diabetes, fainting spells, vision impairments, asthma, etc.)

By signing below, I certify all the information provided on this application is correct and nothing is intentionally being withheld.

Signature

Date

10/26/2016