

BERKELEY HEIGHTS COMMUNITY POOL
Employment Application – Summer 2010
Please mail this application and any attachments to:
Attn: Manager
BHCP, PO Box 12
Berkeley Heights., NJ 07922

Name: _____

Home Address: _____

Social Security Number: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birth Date: _____

Please check the following valid certification that you hold:

LGT _____ **CPR** _____ **WSI** _____

(Please send copies of certifications or advise of anticipated date of completion)

Have you ever worked at a pool, camp or any recreational facility? _____

Name of School or College you are now attending: _____

Health/Medical Conditions or Allergies _____

Person to Notify in Case of Emergency _____

Home Phone _____ Work Phone _____ Cell Phone _____

Signature: _____ Date: _____

****Working papers will be required for anyone hired under the age of 18****