



**BOROUGH OF ALLENDALE**  
500 West Crescent Avenue • Allendale • NJ • 07401  
(201) 818-4400  
FAX: (201) 825-1913

**Instructions:** Please print. Complete all necessary information. This application will be kept on file. Please return it with copies of any pertinent certifications (front and back). Be sure to sign and date the application.

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

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

City/State/ZIP : \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail : \_\_\_\_\_

Position applied for: (check one)  Lifeguard  Gate Person

Current Certifications Held (check all that apply)

Lifeguard Training  CPR  WSI  Waterfront

AED  Other \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, how many summers? \_\_\_\_\_

Date available to begin work : \_\_\_\_\_ High School students, can you work weekends before school is out? \_\_\_\_\_

Are you of legal age to work?  Yes  No

**Educational Background**

Grammar School

Name and Location : \_\_\_\_\_

Did you graduate?  Yes  No Date (or anticipated date) \_\_\_\_\_

High School:

Name and Location : \_\_\_\_\_

Did you graduate?  Yes  No Date (or anticipated date) \_\_\_\_\_

College:

Name and Location : \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Date (or anticipated date) \_\_\_\_\_

Other:

Name and Location : \_\_\_\_\_

Course of study \_\_\_\_\_ Did your graduate?  Yes  No Date (or anticipated date) \_\_\_\_\_

**Previous Employers**

If this is your first job, check here. Read and sign below.

Place an  by the employer(s) you do not want us to contact.

1. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Last wage \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Last wage \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Last wage \_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISINTERPRETATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANYTIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_