

LOWER MAKEFIELD TOWNSHIP PARKS AND RECREATION

2019 Application for Temporary/Seasonal Employment

Director: Monica Tierney MBA, M.Ed. MonicaT@LMT.ORG 267-274-1110
 1550 Oxford Valley Rd. Yardley PA 19067
 Pool Operations Manager: Lynn Todd LTodd@LMT.ORG 267-274-1103
 1100 Edgewood Rd. Yardley PA 19067

Desired Position:

Please circle your preference:

Field Maintenance		Summer Camp Counselor		Summer Camp Manager (Attach resume)
Pool Manager (Attach Resume)		Assistant Manager		Head Lifeguard Senior Lifeguard
Lifeguard		Flex Lifeguard		Pool Maintenance Pool Gatekeeper

Personal Information

Please print clearly:

Applicant Name:	
Email:	Cell Phone:
Address:	City
State:	Zip:

Working Papers

All minors are required to obtain working papers from the school district they attend. If 18 and still in high school, working papers are required.			
Do you have working papers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If no, when will you have them? _____			

Availability

Pre-season work begins in April	
The Pool opens on Saturday, May 25th and closes on Monday, September 2nd.	
Camp LMT starts Monday, June 24 and ends Friday, August 15	
Please Circle One: Full-Time Part-Time	
Exact date available to start work:	Exact end date:
Available to work Weekends, Holidays, Evenings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Available to work last weekend of pool season; Labor Day?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Related Job Experience/Education

School (Highest Completed)	Degree	Dates
Company	Position	Dates

Personal References

Name	Relationship	Phone

Emergency Information

Emergency Contact Name	Relationship	Phone
Do you have medical insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, who is your insurance through: Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/>		

Certifications for Lifeguarding (Skip if not applying for lifeguard position)

Red Cross Certifications (Please provide copies)			Date Completed
Lifeguarding/First Aid/CPR/AED	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Water Safety Instructor Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Certifications			Date Completed
First Aid/CPR/AED	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

I hereby swear/affirm that the statements set forth above are true and correct to the best of my knowledge and belief.

Applicant Name:	Signature:	Date:
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