

**Borough of Mt. Lakes
400 Boulevard
Mt. Lakes, NJ 07046 Tele. (973) 334-3131 FAX (973) 402-5595**

RECREATION COMMISSION

APPLICATION FOR EMPLOYMENT FOR AQUATIC PERSONNEL

Lifeguard Swim Coach Asst. Swim Coach Diving Coach Beach Director

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

If a student, state school and grade: _____

List applicable credentials below:

COURSE	INSTRUCTOR	DATE REC.	PLACE REC.
Lifeguard Training	_____	_____	_____
CPR for the Professional Rescuer	_____	_____	_____
AED	_____	_____	_____
First Aid	_____	_____	_____
Preventing Disease Transmission	_____	_____	_____
Oxygen	_____	_____	_____
Waterfront Module	_____	_____	_____
Head Lifeguard	_____	_____	_____

Employment Record: List most recent job first. Use back of sheet if necessary.

DATE	POSITION	EMPLOYER NAME, ADDRESS AND PHONE
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REFERENCES: List name, address and phone number of two references.

SIGNATURE _____ **DATE** _____

APPLICATION MUST BE SUBMITTED BY APRIL 2, 2010. Please return application to Borough office or mail to D. Conlan, 310 Morris Ave. Mountain Lakes, NJ 07046

(Date rec'd _____ Office use only)