



APPLICATIONS ARE BEING ACCEPTED
FOR LIFEGUARDS AT THE
EAST COCALICO TOWNSHIP REAMSTOWN POOL
DURING THE MONTHS OF
NOVEMBER 2018 THROUGH FEBRUARY 2019

Applications can be picked up at the Township Office, 100 Hill Rd., Denver or download and print this document (application starts on page 3).

NOTE: The following documentation needs to be submitted with your application:

- **WORKING PAPERS:** *If under 18 years of age, see your High School Office for Working Papers.*
- **CERTIFICATION:** *All new lifeguards must have current lifeguard certification. This can be obtained by contacting the local Red Cross at www.redcross.org or call their Lancaster Office at 717-299-5561. Please see next page for more details.*
- **CHILD SAFE CERTIFICATE:** *Proper PA Child Clearance paperwork must be obtained prior to starting work. Certificates are good for three years. Please see below for the following three required State Child Safe Certificates:*
 - 1) **PA State Police criminal history check. Cost \$22.00. Credit Card needed.** Please access this website for the background check form: <https://epatch.state.pa.us/Home.jsp>. Print certificate, and keep a copy for your files.
 - 2) **PA Dept. of Human Services Clearance/Child Welfare Portal. Cost \$13.00. Credit Card needed.** Please sign-in and create a sign-in name and password, save for future use. Access the website for a 40-minute video and questions that must be completed to receive a certificate. Print certificate, and keep a copy for your files. <https://www.compass.state.pa.us/cwis/public/home>
 - 3) **Finger Prints. Cost \$27.50. Credit Card needed.** To start, please access this website. Print certificate, and keep a copy for your files. <https://www.indentogo.com/locations/pennsylvania>. Or call the Ephrata Public Library (Penny Talbert) to set up an appointment at 717-738-9291 ext. 100.

TO THE REAMSTOWN POOL LIFEGUARD APPLICANT

Red Cross Lifeguarding: Provides entry-level participants the knowledge and skills to prevent, recognize and respond to aquatic emergencies and to provide care for breathing and cardiac emergencies, injuries and sudden illnesses until EMS personnel take over. Prerequisites: Minimum age: 15 years; Swim 300 yards continuously; Tread water for 2 minutes using only the legs; Complete a timed event within 1 minute, 40 seconds by starting in the water, swimming 20 yards, surface dive to a depth of 7 to 10 feet to retrieve a 10-pound object, return to the surface and swim 20 yards on the back to return to the starting point, exit the water without using steps or a ladder. Participants who successfully complete the Lifeguarding course receive an American Red Cross certificate for Lifeguarding/First Aid/CPR/AED, valid for 2 years.

Below are some Red Cross Lifeguard classes that are being offered within a 25 mile radius of Denver 17517. Please visit their website for more locations and information www.redcross.org or call them at 1-800-RED-CROSS or 1-800-733-2767

LITITZ REC CENTER, 301 WEST MAPLE STREET, LITITZ, PA 17543 717-626-5096 [MAP](#)

Click here to [Register for Class](#)

READING YMCA, 631 WASHINGTON STREET, READING, PA 19603 610-378-4700 [MAP](#)

Click here to [Register for Class](#)

NOTE: IF YOU ARE UNDER THE AGE OF 18, YOU WILL NEED TO OBTAIN WORKING PAPERS. WORKING PAPERS CAN BE OBTAINED FROM YOUR SCHOOL OFFICE.

BE SURE TO ATTACH COPIES (front & back) OF YOUR CPR AND RED CARDS TO THIS APPLICATION

TOWNSHIP OF EAST COCALICO LIFEGUARD EMPLOYMENT APPLICATION

An Equal Opportunity Employer

INSTRUCTIONS: Please fill out the following employment application form completely and accurately. Every one of these sections must be completed in order for the Township to accept the Application as complete. Print clearly (**do not type**) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. *Resumes may be attached, but should not be substituted for completing this application.*

SECTION I: PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
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PRESENT HOME ADDRESS:	STREET	CITY	STATE	ZIP
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HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
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Are you at least 15 years of age? YES / NO

Are you 18 years of age or older? YES / NO

(If you are under the age of 18, a working permit is required)

E-MAIL ADDRESS

NOTE: The minimum age to become a Red Cross trained lifeguard is 15 years old on or before the last day of the Red Cross class.

SECTION II: WORK PREFERENCE

Please describe in one or two sentences the nature of work and the position in which you are interested.

Are you interested in:	Full-time work _____	Temporary work _____
	Part-time work _____	Seasonal work _____
	Intermittent work _____	No Preference _____

Will you accept salary range as advertised? YES / NO

Can you work overtime? YES / NO

Date available to start work with the Township: _____

SECTION III:

EMPLOYMENT HISTORY

(if needed, use a separate sheet of paper)

Beginning with your most recent job, please list your work history for the past ten (10) years.

(1)

_____ Dates Employed (month/year):
Company/Firm Name From _____
_____ To _____
Street Address/City/State/Zip
_____ Rate of Pay:
Phone Number Start _____
_____ Finish _____
Supervisor's Name
Job Title: _____
Describe your duties, responsibilities: _____

Reason(s) for leaving: _____

(2)

_____ Dates Employed (month/year):
Company/Firm Name From _____
_____ To _____
Street Address/City/State/Zip
_____ Rate of Pay:
Phone Number Start _____
_____ Finish _____
Supervisor's Name
Job Title: _____
Describe your duties, responsibilities: _____

Reason(s) for leaving: _____

SECTION IV: EDUCATION PROFILE

A. List all high schools, vo-technical schools and colleges attended:

NAME	CITY/STATE/ZIP	YEARS COMPLETED	GRADUATED YES / NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any Major and Minor Courses: _____

B. Other accredited schools or training (trade, vocation, military). List subjects studied, certificate(s) earned, and any other pertinent data. _____

SECTION V: U.S. MILITARY STATUS

Dates of Service: From: _____ To: _____ Branch: _____

Rank and Principal Duties: _____

Type of Discharge: _____

SECTION VI: BACKGROUND INFORMATION/OTHER

A. Are you a United States citizen? YES / NO

B. If not, are you an alien lawfully authorized to work in the United States? YES / NO

C. Have you been convicted of a felony or misdemeanor? YES / NO

Conviction will not necessarily disqualify an applicant from employment.

If "yes", please explain: _____

D. Driver's License Number: _____ (Pennsylvania)

E. CHARACTER REFERENCES: List three character references (do not list relatives, former employers, or persons living outside the United States)

NAME	ADDRESS	HOME PHONE	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

SECTION VII:

READ CAREFULLY, SIGN AND DATE

I understand that any false answer, statement, or representation made by me in this application shall constitute sufficient cause for discharge. I also understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between the Township and myself for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Township unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that the Township retains a similar right.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of the Township.

APPLICANT NAME (print clearly)

SIGNATURE OF APPLICANT

DATE

Please answer the following question in 50 words or less in your own handwriting:

"Why do you desire the position for which you are applying?"

SECTION VIII:

RELEASE OF INFORMATION AGREEMENT AND NOTARY

DO NOT SIGN THIS PAGE UNTIL YOU ARE IN FRONT OF A NOTARY WITH PROPER IDENTIFICATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with East Cocalico Township. The Township needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the Township.

I hereby authorize any representative of East Cocalico Township bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of East Cocalico Township, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from all and any liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of East Cocalico Township regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of East Cocalico Township's acceptance and processing of my application for employment, I agree to hold the Township of Montgomery, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with East Cocalico Township. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by East Cocalico Township in conjunction with employment procedures.

A photocopy or FAX of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid for a period of ONE (1) YEAR from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

NAME (PRINT): _____ **NAME (SIGN):** _____ **DATE:** _____

Do not write below this line, for official notary use only

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF LANCASTER**

ON THIS, the _____ day of _____, 2____, before me, the undersigned officer, personally appeared _____, and executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC _____

SEAL

My Commission Expires: _____