



**North Shore Beach Property Owners' Association
P.O. Box 601, Rocky Point, NY 11778**

NSBPOA IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

First Name, Middle Name, Last Name _____

Social Security Number _____ E-Mail Address: _____

Present
Address _____

City, State, Zip _____

Telephone Number and Area Code _____

Date of Birth (optional) _____ Emergency Contact _____

Any Existing Medical Conditions or Limitations? _____

If yes, please explain _____

POSITION INFORMATION

POSITION APPLIED FOR: (Check one) LifeGuard _____ Security Guard _____ Night Security _____

WHERE DID YOU HEAR ABOUT US?

ADVERTISEMENT (specify): _____ NORTH SHORE YOUTH COUNCIL: _____

SCHOOL PLACEMENT OFFICE (school name): _____ OTHER: _____

HOW MANY DAYS A WEEK CAN YOU WORK? _____

WHICH DAYS AND HOURS? _____

HAVE YOU EVER BEEN EMPLOYED BY THE NSBPOA BEFORE? _____

IF SO, WHEN? _____ POSITION? _____

Do you have working papers? _____

Do you have Red Cross certification? _____

Please submit your working papers and/or Red Cross certificate with the completed application.

EDUCATION

NAME AND ADDRESS OF SCHOOL

EMPLOYMENT HISTORY (IF APPLICABLE)

This is my first job (Check if true) _____

If this is not your first job, please complete the following information:

FULL NAME OF COMPANY and ADDRESS

Dates of Employment _____ Phone Number _____

FULL NAME OF COMPANY and ADDRESS

Dates of Employment _____ Phone Number _____

REFERENCES

List three (3) references and phone numbers: teachers, employers, etc.

1. _____

2. _____

3. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information that would, if

disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in the NSBPOA is appreciated.

MAIL TO: NSBPOA PO BOX 601 Rocky Point, NY 11778

ATT. BEACH EMPLOYMENT