

GOSS PARK 2016 EMPLOYMENT APPLICATION

Please complete and return to: WLYC, PO Box 446, Wilton, NH 03086 or email to:

NAME: _____ TELEPHONE(S): _____
HOME ADDRESS: _____ DATE OF BIRTH: _____
_____ SSN: _____
E-MAIL ADDRESS: _____

POSITIONS APPLYING FOR: (Please check all for which you would like to be considered)

LIFEGUARD	WSI		# OF HOURS YOU WOULD LIKE TO WORK PER WEEK _____
SENIOR SWIM TEAM	COACH	ASST. COACH	START DATE _____
JUNIOR SWIM TEAM	COACH	ASST. COACH	END DATE _____
SPORTS CAMP COACHES	TENNIS	SOCCER	DAYS/TIMES YOU WOULD PREFER TO WORK _____
BASKETBALL	VOLLEYBALL		SPECIFIC DATES THAT YOU ARE NOT AVAILABLE TO WORK _____

CERTIFICATIONS HELD

EXPIRATION DATE

_____	_____
_____	_____
_____	_____
_____	_____

RELATED EXPERIENCE:

EMPLOYER	POSITION HELD	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEVEL OF EDUCATION:

SCHOOL ATTENDED/ATTENDING	DEGREE EARNED	DATE	GPA
_____	_____	_____	_____
_____	_____	_____	_____

INTERESTS/HOBBIES: _____

OTHER PERTINENT INFO:

I understand that in order for my application to be considered, the following Affirmation must be checked.

I certify the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statement and the answer to the question herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if a background check should disclose any such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my service may be immediately terminated.

By checking this box, you are certifying that you have read and agreed to the above statement

SIGNATURE OF APPLICANT: _____ **DATE OF APPLICATION:** _____