



# Baylor Beach Park

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First M.I.

POSITION APPLYING FOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

WORK EXPERIENCE/REFERENCES: (INCLUDE NAME, TELEPHONE # AND JOB)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

	(CIRCLE ONE)	EXPIRATION DATE
LIFEGUARD CERTIFICATION	YES/NO	_____
CPR FOR PROFESSIONAL RESCUERS	YES/NO	_____
FIRST AID	YES/NO	_____

FOR SCHEDULING PURPOSES:

DO YOU ATTEND CHURCH? \_\_\_\_\_

IF SO, DO YOU NEED OFF FOR ANY OF THE FOLLOWING?

MORNING SERVICE	YES/NO	TIME	_____
EVENING SERVICE	YES/NO	TIME	_____
WEDNESDAY SERVICE	YES/NO	TIME	_____
YOUTH GROUP	YES/NO	TIME	_____

DO YOU NEED OFF ANY TIME DURING THE SEASON, MEMORIAL DAY THRU LABOR DAY?  
IF SO, LIST ACTIVITY AND DATES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND OMISSION OR MISREPRESENTATION OF FACTS ARE CAUSE FOR DISMISSAL. I UNDERSTAND & AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD & MAY BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNATURE

DATE

Please mail application to the appropriate address:

Office/Concession Stand - Beth Baylor  
8777 Manchester Ave. SW  
Navarre, Ohio 44662

Lifeguard - Kelley Baylor-Samaco  
12769 Navarre Road SW  
Beach City, Ohio 44608

BAYLOR BEACH PARK, INC. DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, AGE OR DISABILITY.