



TOWN OF FENWICK ISLAND
Application for Employment
An Equal Opportunity Employer

PERSONAL INFORMATION

Position applied for _____ Date of application _____

Name _____

Home Address/Email _____

Summer Address/Phone _____

Telephone # (H) _____ Cell # _____

Driver's License # / State _____ Is your license valid? _____ Yes _____ No

- If you are under 18, and it is required, can you furnish a work permit? _____ Yes _____ No
▪ Are you legally eligible for employment in this country? _____ Yes _____ No
▪ Are you able to meet the attendance and physical requirements of a beach lifeguard?
_____ Yes _____ No Do you wear eyeglasses or contacts? _____ Yes _____ No
▪ Have you ever pled guilty to or been convicted of a crime? _____ Yes _____ No
*If yes, please give dates and details on a separate sheet of paper.
▪ Have you ever pled guilty or been convicted of a traffic violation within the last 2 years?
_____ Yes _____ No
*If yes, please give dates and details on a separate sheet of paper.
▪ Date available for work? _____

LIFEGUARD EXPERIENCE

Employer _____

Address _____

Telephone _____

Job Title _____

Supervisor _____

Dates of Employment: From _____ To _____

Hourly wage / Salary _____

Reason for leaving _____

LIST CURRENT LIFESAVING, FIRST AID, OR CPR CERTIFICATIONS

_____ EXPIRES _____

_____ EXPIRES _____

EMPLOYMENT HISTORY

Employer _____

Telephone _____

Job Title _____

Supervisor _____

Dates of Employment: From _____ To _____

Hourly wage / Salary _____

Reason for leaving _____

EDUCATIONAL BACKGROUND

High School _____

Years completed _____

College _____

Years completed _____

REFERENCES (Give name and phone number of three (3) people not related to you)

SKILLS & QUALIFICATIONS

Summarize / List any training or skills that may qualify you as being able to perform job – related functions for this position. _____

APPLICANT STATEMENT

I certify that all information I have provided is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from employer’s services, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me. I hereby waive any and all rights and claims regarding this procedure to obtain information.

If I am hired, I understand that it is “at will” and I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

RETURN APPLICATION TO: Town of Fenwick Island, 800 Coastal Highway, Fenwick Island, DE 19944