

# LOWER MAKEFIELD TOWNSHIP PARKS AND RECREATION

## 2021 Employment Information

Director: Monica Tierney MBA, M.Ed. [MonicaT@LMT.ORG](mailto:MonicaT@LMT.ORG) 267-274-1110  
Operations Manager: Lynn Todd [LTodd@LMT.ORG](mailto:LTodd@LMT.ORG) 267-274-1103  
1550 Oxford Valley Rd. Yardley, PA 19067

### Desired Position

Please circle your preference

|                              |  |                       |  |                                     |  |                  |  |                      |
|------------------------------|--|-----------------------|--|-------------------------------------|--|------------------|--|----------------------|
| P&R Maintenance (18+)        |  | Summer Camp Counselor |  | Summer Camp Manager (Attach resume) |  |                  |  |                      |
| Pool Manager (Attach resume) |  | Assistant Manager     |  | Head Lifeguard                      |  |                  |  |                      |
| Senior Lifeguard             |  | Lifeguard             |  | Flex Lifeguard                      |  | Pool Maintenance |  | Gate Attendant (18+) |

### Personal Information

Please print clearly

|                 |             |
|-----------------|-------------|
| Applicant Name: |             |
| Email:          | Cell Phone: |
| Address:        | City        |
| State:          | Zip:        |

### Working Papers

|                                                                                                                                                     |                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| All minors are required to obtain working papers from the school district they attend. If 18 and still in high school, working papers are required. |                                                                                       |
| Do you have working papers?                                                                                                                         | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| If no, when will you have them? _____                                                                                                               |                                                                                       |

### Availability

|                                                           |                                                          |
|-----------------------------------------------------------|----------------------------------------------------------|
| Pre-season work begins in April                           |                                                          |
| Please Circle One: Full-Time Part-Time                    |                                                          |
| Exact date available to start work:                       | Exact end date:                                          |
| Available to work Weekends, Holidays, Evenings?           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Available to work last weekend of pool season; Labor Day? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Related Job Experience/Education

| School (Highest Completed) | Degree   | Dates |
|----------------------------|----------|-------|
|                            |          |       |
| Company                    | Position | Dates |
|                            |          |       |
|                            |          |       |

## Personal References

| Name | Relationship | Phone |
|------|--------------|-------|
|      |              |       |
|      |              |       |

## Emergency Information

| Emergency Contact Name                                                                                                               | Relationship                 | Phone                       |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
|                                                                                                                                      |                              |                             |
| Do you have medical insurance?                                                                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, who is your insurance through: Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> |                              |                             |

## Certifications for Lifeguarding (Skip if not applying for lifeguard position)

| Red Cross Certifications       | (Please provide copies)                                  | Date Completed |
|--------------------------------|----------------------------------------------------------|----------------|
| Lifeguarding/First Aid/CPR/AED | Yes <input type="checkbox"/> No <input type="checkbox"/> |                |

| Certifications    | Date Completed                                           |
|-------------------|----------------------------------------------------------|
| First Aid/CPR/AED | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other:            | Yes <input type="checkbox"/> No <input type="checkbox"/> |

|                                                           |            |       |
|-----------------------------------------------------------|------------|-------|
| I hereby attest the information in this document is true. |            |       |
| Applicant Name:                                           | Signature: | Date: |