



# EMPLOYMENT

# APPLICATION

Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle I.

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Contact Numbers: \_\_\_\_\_  
Cell Phone Home Phone E-mail address

## EDUCATION

	Name and Location of School	Current Grade	Area of Concentration
High School	_____	_____	_____
College	_____	_____	_____

## EMPLOYMENT DESIRED

Position Desired \_\_\_\_\_ When can you start? \_\_\_\_\_

Hourly Wage Desired \_\_\_\_\_ When must you leave? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If so, may we inquire of your present employer? \_\_\_\_\_

If so, what are your plans if you should be hired by Cascade Lake? \_\_\_\_\_

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If a college student, when does your fall semester start? \_\_\_\_\_

What college will you be attending in the fall? \_\_\_\_\_

If applying for a lifeguard position, list expiration date- Lifeguarding Certification \_\_\_\_\_  
 CPR/First Aid Certification \_\_\_\_\_

(If hired by Cascade Lake, copies of certification must be provided before work is started.)

**EMPLOYMENT** (List below last three employers, starting with the most recent.)

Company Name	Telephone
Address	Employed from _____ to _____
Name of Supervisor	Hourly pay _____
Job Title/Description of Work	Reason for leaving _____
Company Name	Telephone
Address	Employed from _____ to _____
Name of Supervisor	Hourly pay _____
Job Title/Description of Work	Reason for leaving _____
Company Name	Telephone
Address	Employed from _____ to _____
Name of Supervisor	Hourly pay _____
Job Title/Description of Work	Reason for leaving _____

**REFERENCES** (Persons not related to you whom you have known at least one year.)

Name	Address	Reason for acquaintance	Years Known
1.			
2.			

**EXTRACURRICULAR ACTIVITIES** (List any summer and/or fall sports/activities)

Activity	Date(s) and Time(s)
1.	
2.	

Do you have any friends and/or relatives that have or are working at Cascade Lake? \_\_\_\_\_  
If yes, who? \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name	Phone/Cell No.	Relationship
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The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

**P.O. BOX 616 HAMPSTEAD, MD 21074 (410)374-9111/239-4708**