

## **Parking Lot Attendant**

**2021**

### **Job Description**

#### **Daily Duties**

- Check membership badges of ALL individuals 8 years or older entering the parking lot.
- Check vehicle membership tags on ALL vehicles entering the parking lot.
- Notify Beach Director of ANY and ALL issues

#### **Job Qualifications**

- High School student or older

#### **Salary**

- \$12.00 hour
  - Work Schedule- Weekends (7 hours per day)

# APPLICATION FOR SUMMER EMPLOYMENT

## WATERFORD ASSOCIATION, INC.

## *Equal Opportunity Employer*

It is the policy of the Waterford Association, Inc. to provide equal opportunity without regard to race, color, sex, gender, pregnancy, age, disability, religion, national origin, marital status, sexual orientation, ancestry, gender identity or expression, or any other criteria protected under applicable federal and/or state law. All questions must be answered and application signed.

|  |       |  |                     |     |     |     |     |                                |
|--|-------|--|---------------------|-----|-----|-----|-----|--------------------------------|
| Last Name  | First | Middle   | Date of Application |     |     |     |     |                                |
| Street Address   |       |  | Home Phone          |     |     |     |     |                                |
| City, State, Zip   |       |  | Mobile/Cell Phone   |     |     |     |     |                                |
| Email Address  |       |  | Work/Business Phone |     |     |     |     |                                |
| When is the best time to reach you? <input type="checkbox"/> AM <input type="checkbox"/> PM  |       | May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                     |     |     |     |     |                                |
| Have you ever worked for Waterford Association, Inc.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, indicate your dates of employment and reason(s) for leaving employment:   |       | Position Applying for:<br><input type="checkbox"/> Lifeguard <input type="checkbox"/><br><input type="checkbox"/> Beach Director <input type="checkbox"/><br><input type="checkbox"/> Parking Lot Attendant .....<br><input type="checkbox"/><br>To comply with American Red Cross standards, you must be 15 years of age or older to be employed as a <u>lifeguard</u> .<br>I am 15 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |     |     |     |     |                                |
| Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, state your date of birth:<br>Month _____ Day _____ Year _____<br>Can you furnish a Statement of Age/Working Paper as appropriate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |       | What date will you be available to begin work?<br><br>Can you furnish proof of your right to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |     |     |     |     |                                |
| Driver's License Number: _____<br>Special Endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please describe:   |       | CDL License? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please describe:  |                     |     |     |     |     |                                |
| If hired, is there anything which would prevent you from reporting to work each day on time and performing the essential functions of the position(s) applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please describe:  |       |  |                     |     |     |     |     |                                |
| Hours Available  | Sun   | Mon  | Tue                 | Wed | Thu | Fri | Sat | Total Hours Available per Week |
| FROM   |       |  |                     |     |     |     |     |                                |
| TO   |       |  |                     |     |     |     |     |                                |

## EDUCATIONAL BACKGROUND

| School      | Name and Location of School | GPA or Class Rank | Course of Study | Number of Years Completed | Did you Graduate?  | Degree or Diploma |
|-------------|-----------------------------|-------------------|-----------------|---------------------------|--|-------------------|
| High School |                             |                   |                 |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| College     |                             |                   |                 |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| Other       |                             |                   |                 |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |

Are you going to school now?  Yes  No

If yes, do you take:  Day Classes  Evening Classes

## EMPLOYMENT HISTORY

Waterford Association, Inc. reserves the right to contact prior and current employers. Please give an accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. Include military experience, if applicable. Do not indicate "see resume."

|  |   |
|--|---|
| <b>1</b><br>Company Name and Mailing Address | Business Phone                                    |
|  | Employed (Month and Year)<br><br>From:<br><br>To: |
| Job Title and Name of Supervisor             |   |
| Describe Your Work                           |   |
| Reason for Leaving Employment                |   |

|                               |                                  |   |
|-------------------------------|----------------------------------|---|
| 2                             | Company Name and Mailing Address | Business Phone                                |
|                               | Job Title and Name of Supervisor | Employed (Month and Year)<br>From:<br><br>To: |
| Describe Your Work            |                                  |   |
| Reason for Leaving Employment |                                  |   |

**3 Relatives:** List the names of any and all relatives (blood or otherwise) who previously worked for Waterford Association, Inc. If you know the title of the position held by your relative, please list the position.

| Name of Relative | Nature of Relationship<br>(e.g., mother, father, sister, etc.) | Position Held |
|------------------|--|---------------|
| 1.               |  |               |
| 2.               |  |               |
| 3.               |  |               |

**4 References:** List the name, nature, address and telephone number of three references. (References may *not* be related to you.)

| Name/Address | Nature of Reference<br>(e.g., personal, work, volunteer) | Phone Number |
|--------------|--|--------------|
| 1.           |  |              |
| 2.           |  |              |
| 3.           |  |              |

**5 Certifications & Special Training:** List any and all Special Training and/or Certifications and the dates received.

| Special Training/Certification | Date Initially Received | Certification Current                                    |
|--------------------------------|-------------------------|--|
| 1.                             |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.                             |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.                             |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**6** Please indicate any other relevant training and/or experience you have that is not listed above.

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**7** Please list any relevant work and/or volunteer experience you have that is not listed above.

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**8** Please list any special skills, training, interests or hobbies.

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**9** Please list any relevant courses, First Aid courses, related employment opportunities or experiences you have had.

|                                      | Date Completed | Location | Instructor |
|--------------------------------------|----------------|----------|------------|
| Community Water Safety               |                |          |            |
| Lifeguard Training                   |                |          |            |
| Head Lifeguard                       |                |          |            |
| Waterfront Lifeguard                 |                |          |            |
| Lifeguard Training Instructor        |                |          |            |
| Water Safety Instructor              |                |          |            |
| ARC Standard First Aid               |                |          |            |
| ARC Community First Aid and Safety   |                |          |            |
| ARC CPR for the Professional Rescuer |                |          |            |
| AED Training                         |                |          |            |
| Additional Training:                 |                |          |            |

**DISCLOSURE AND ACKNOWLEDGMENT OF INTENT TO CONDUCT DRUG TEST**

Please be advised that prior to making a decision regarding your hire, Waterford Association, Inc. may conduct a urinalysis drug test as part of the application process. The urinalysis drug test will be performed using a reliable methodology. The results of any such test shall be confidential and shall not be disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary; the results shall be maintained along with other employee medical records.

I certify by my signature below that I have read and reviewed the "Disclosure and Acknowledgment of Intent to Conduct Drug Test," and I understand that I may be required to submit to a drug test as part of the application process.

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

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

Printed Name: \_\_\_\_\_

**CERTIFICATION OF TRUTHFULNESS OF INFORMATION PROVIDED AUTHORIZATION TO  
REQUEST INFORMATION AND TO RELEASE INDIVIDUALS/ENTITIES WHO PROVIDE  
INFORMATION**

I certify that the information given herein is true and complete to the best of my knowledge. I further acknowledge that falsification or omission of any information presented or requested on this application and/or during the interview process may result in rejection of or dismissal from a position.

I understand that this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

**I authorize you to make such investigations and inquiries of the information provided herein, and other matters that relate hereto, as may be necessary. I hereby release employers, schools and other persons, institutions and businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during my interviews may result in a refusal to hire, or discharge in the event of employment. I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.**

I also understand that any policies or procedures implemented by Waterford Association, Inc. in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

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

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

Printed Name: \_\_\_\_\_

*(A photocopy of this authorization is to be accepted as an original.)*

**OPTIONAL**

In order to comply with certain governmental recordkeeping and reporting requirements for the administration of civil rights laws, applicants are invited to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

**Gender:**       Male       Female

**Ethnicity** (check one):

- Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

**Race** (check all that apply):

- American Indian or Alaska Native** – a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American** – a person having origins in any of the black racial groups in Africa.
- Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.