

LOWER MAKEFIELD TOWNSHIP 2020 APPLICATION FOR TEMPORARY/SEASONAL EMPLOYMENT

Director of Parks and Recreation:

Monica Tierney MBA, M.Ed.
MonicaT@LMT.ORG 267-274-1110

Office location: LMT Community Center: 1550 Oxford Valley Rd. Yardley PA 19067

Pool Operations Manager:

Lynn Todd LTodd@LMT.ORG 267-274-1103

Director of Public Works:

Greg Hucklebridge PE gregh@lmt.org 267-274-1130
Office Location LMT Township Building: 1100 Edgewood Rd. Yardley PA 19067

Desired Position

Please circle your preference

<u>Parks and Recreation Positions</u>				
Field Maintenance		Summer Camp Counselor		Assistant Manager
Senior Lifeguard		Lifeguard		Flex Lifeguard
		Pool Maintenance		Pool Gatekeeper
<u>Public Works Positions</u>				
Basin Maintenance and Mowing				

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 The Pool: May 23rd - September 7th. Camp LMT: June 22nd - August 21st	
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 swear/affirm that the statements set forth above are true and correct to the best of my knowledge and belief.

Applicant Name:	Signature:	Date:
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