

EMPLOYMENT HISTORY: List below last two employers, starting with most recent first.

1) **FROM:** _____ **TO:** _____
MM/DD/YYYY MM/DD/YYYY

Name of Employer: _____

Phone: _____ **Position Held:** _____

Job Description: _____

2) **FROM:** _____ **TO:** _____
MM/DD/YYYY MM/DD/YYYY

Name of Employer: _____

Phone: _____ **Position Held:** _____

Job Description: _____

REFERENCES: List below contact information for two persons not related to you, whom you have known at least one year. Please note: NBIA staff may contact references provided.

1. **Name:** _____

Phone: _____ **Relationship to you:** _____

2. **Name:** _____

Phone: _____ **Relationship to you:** _____

CERTIFICATIONS:

Are you CPR certified? Yes No

If Yes, when does your current certification expire? _____
MM/DD/YYYY

Are you lifeguard certified? Yes No

If Yes, when does your current certification expire? _____
MM/DD/YYYY

If you hold any other certifications, please list below along with the expiration date:

_____	_____
	MM/DD/YYYY
_____	_____
	MM/DD/YYYY

OTHER INFORMATION: List below any other information you feel is relevant for us to consider. (special skills, training, interests, etc.)

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THE APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY NBIA'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME EITHER BY NBIA OR ME. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY NBIA.

EMPLOYMENT IS ACCEPTED AS A SEASONAL POSITION ONLY AND SIGNING THIS APPLICATION INDICATES EFFECTIVE RESIGNATION ON THE LAST DAY OF THE SEASON (LABOR DAY). THIS RESIGNATION MAKES THE EMPLOYEE INELIGIBLE TO FILE FOR AN UNEMPLOYMENT CLAIM EITHER IN PART OR IN FULL AGAINST NBIA.

NBIA IS AN EQUAL OPPORTUNITY EMPLOYER.

Date: _____ **Signature:** _____

MM/DD/YYYY