

**SILLIMAN FAMILY AQUATIC CENTER
AQUATIC DEPARTMENT
PRE-EMPLOYMENT STAFF AVAILABILITY**

APPLICANT NAME: _____

SUPPLEMENTAL QUESTIONS:

Thank you for your interest to work for the City of Newark at the Silliman Family Aquatic Center! As part of the application process, we ask that candidates provide their availability in the course of their evaluation. Those that meet our requirements will be invited to continue in the process.

1. DO YOU CURRENTLY HAVE A VALID LIFEGUARD CERTIFICATION?

1. YES

2. NO

2. ARE YOU ABLE TO WORK 15-20 HOURS A WEEK?

1. YES

2. NO

3. CAN YOU WORK ON FRIDAY FROM 4:45 – 8:15 P.M.?

1. YES

2. NO

4. CAN YOU WORK ON SATURDAY FROM 12:15 – 6:45 P.M.?

1. YES

2. NO

5. CAN YOU WORK ON SUNDAY FROM 12:15 – 5:45 P.M.?

1. YES

2. NO

FOR ALL NO RESPONSES, PLEASE EXPLAIN BELOW OR ON AN ATTACHED PAPER.

WE ARE CURRENTLY SEEKING APPLICANTS WITH THE FOLLOWING AVAILABILITY:

1. Can work 15-20 hours a week.
2. Can work on Friday from 4:45 p.m. – 8:15 p.m.
3. Can work on Saturday from 12:15 p.m. – 6:45 p.m.
4. Can work on Sunday from 12:15 p.m. -5:45 p.m.

AVAILABILITY REQUIREMENTS CHANGE BY SEASON! THIS FORM IS BEING USED FOR THE PERIOD OF SEPTEMBER – MAY.

QUESTIONS:

For all questions regarding the application process, please email Nick Cuevas, Aquatic Coordinator at nicholas.cuevas@newark.org

PLEASE ALLOW 1-2 WEEKS FOR A RESPONSE AFTER SUBMITTING AN APPLICATION.

APPLICANT NAME: _____

SHADE OR CHECK OFF WHAT YOU CAN'T WORK OR NOT AVAILABLE.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:45 AM	5:45 AM	5:45 AM	5:45 AM	5:45 AM		
6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM
6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM
7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM
7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM
8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM
8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM
9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
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8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM
9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM
					9:30 PM	9:30 PM

I certify that this availability form is filled out to the best of my knowledge. I understand if I'm hired it is because of the availability that is being submitted to the hiring manager at the time of submission. If my availability changes before being hired, I will notify the hiring manager ASAP and realize that it can affect my hiring ability.

Applicant Signature: _____ **DATE:** _____