



LAKEVIEW DOCS | 7118 PARK BLVD, WILDWOOD CREST, NJ 08260 | 609.522.0471

EMPLOYMENT APPLICATION:

PERSONAL INFORMATION

FULL NAME		DATE	
DATE OF BIRTH		AGE	
EMAIL	CELL PHONE		
HOME / MAILING ADDRESS			
STREET	CITY	STATE	ZIP
SHORE / LOCAL ADDRESS			
STREET	CITY	STATE	ZIP

EMPLOYMENT INFORMATION

DESIRED POSITION	
APPLYING FOR THE SUMMER OF (YEAR)	DESIRED # OF WORK DAYS PER WEEK
AVAILABLE START DATE	END DATE
CPR/FIRST AID CERTIFIED YES NO	BOATERS LICENSE YES NO

EDUCATION

	NAME OF SCHOOL	YEARS ATTENDED	GRADUATED?
HIGH SCHOOL			
COLLEGE			

REFERENCES

NAME	RELATIONSHIP	CELL PHONE NUMBER