



Application for Employment

PERSONAL INFORMATION

First Name: Middle Initial: Last Name: Preferred Nickname:

Address: City: State: Zip Code:

Home Phone: Cell Phone: Email Address:

Are you a legal resident or do you have the right to work in the U.S.? Yes No

You're applying for which of the following positions (check all that apply):

- General Manager Assistant General Manager Manager on Duty Swim Instructor Lifeguard Front Desk
 Deck Supervisor Other:

Minimum salary/wage expected: per Date available to start employment mm/dd/yy: / /

CERTIFICATIONS

Cert. Name:	Expiry Date (mm/dd/yy):	Cert. Name:	Expiry Date (mm/dd/yy):
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

EMPLOYMENT HISTORY

Please list all jobs in the past 7 years. Attach additional paperwork as necessary.

Company Name: Phone: Date From:(mm/yy): / Date To:(mm/yy): /

Reason for Leaving: Address: Duties/Job Title:

Starting Salary or Wage: Per Present or Final Salary or Wage: Per Direct Supervisor:

Company Name: Phone: Date From:(mm/yy): / Date To:(mm/yy): /

Reason for Leaving: Address: Duties/Job Title:

Starting Salary or Wage: Per Present or Final Salary or Wage: Per Direct Supervisor:

Company Name: Phone: Date From:(mm/yy): / Date To:(mm/yy): /

Reason for Leaving: Address: Duties/Job Title:

Starting Salary or Wage: Per Present or Final Salary or Wage: Per Direct Supervisor:

BACKGROUND AND ACCOMPLISHMENTS

Swimming instruction background (Please be specific):

Competitive swimming and/or coaching background (please be specific):

Accomplishments, honors and/or things you're proud of:

In an ideal world, you would like to work (days & times):

Realistically you're available to work (days & times):

Have you ever been charged with a sexual offense related to children?

Yes No

Have you ever had to report to any organization or registry for abuse or misconduct involving children?

Yes No

Is there any other disciplinary action or investigation pending by an employer or other organization for violence, sexual misconduct, or misconduct with children?

Yes No

Have you been reprimanded or asked to leave or end involvement with any program providing services to children?

Yes No

REFERENCES

Please provide one professional reference, one personal reference, and one family member. References must include one member of the opposite sex.

	Name:	Phone:	How do you know this person?
Professional Reference:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Reference:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Member Reference:	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the information given herein is accurate and complete to the best of my knowledge. I authorize the investigation of all information contained in this application.

I understand that my continued employment will depend upon the successful completion of work as described by the management of

I understand that employment with _____ is considered "employment at will" meaning that the employee may resign at any time and the employer may discharge the employee at any time.

I authorize an inquiry into my background by all persons, schools, corporations, credit bureaus, law enforcement agencies, doctor or other consumer reporting agencies to supply information concerning my previous employment, education, credit, driving record, etc.

/ /

Signature Date

Emergency Contact Name: Relation: Home Phone: Cell Phone:

Employer Use: