

Date _____

SWIMMING POOL EMPLOYMENT APPLICATION
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

Name: _____ Address: _____

City: _____ ZIP _____ Tele.# _____

Soc. Sec. # (REQUIRED) _____ - _____ - _____ Driver Lic.# _____

E-Mail _____ Fax # _____ Cell # _____

Pool preference : Ginty () Streeter () either : ()

Bathing suit size _____

Have you been convicted of a felony within the last 7 years? YES () NO ()

If yes, please explain _____

All new employees over 18 years of age are subject to a criminal history check.

NOTE: ALL PERSONNEL HIRED ARE EXPECTED TO FULFILL EMPLOYMENT DATES.

Position applying for: (**circle** appropriate title)

Assistant Manager, Head Lifeguard, Instructor, Lifeguard, Maintenance, or Gate Attendant,

- | | Yes | No |
|---|-----|---------|
| *Are you 18 yrs. old or older ? | () | () |
| *If 16 years of age or under,
can you provide required proof of eligibility to work papers? | | () () |
| *Do you need working papers? | () | () |
| *Have you ever filed an application with us before?
If yes give date: _____ | () | () |
| *Have you ever been employed with us before?
If yes, give date: _____ | () | () |
| *May we contact your present employer? | () | () |
| *Are you prevented from lawfully being employed in this country
because of Visa or Immigration Status? | () | () |
| *Are you currently on "lay-off" status and subject to recall? | () | () |

EDUCATION INFORMATION:

(CIRCLE YEARS)

H.S. Attended: _____ Years Completed : 1 2 3 4

Diploma: YES () NO () Date Received: _____

College Attended: _____ Years Completed: 1 2 3 4

Degree: YES () NO () Date Received: _____

EMPLOYMENT HISTORY (List your most recent employer first) Both paid and/or volunteer positions.

Employer _____ Address _____

Phone # _____ Job Title _____

Job Duties _____

Starting Date _____ Ending Date _____

Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Job Title _____
Job Duties _____
Starting Date _____ Ending Date _____
Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Job Title _____
Job Duties _____
Starting Date _____ Ending Date _____
Reason for Leaving _____

EXPERIENCE & BACKGROUND:

1. Do you hold a valid Lifeguarding Certificate with First Aid? YES() NO()

Expiration Date: ____/____/____
mo. day yr.

2. Do you hold current CPR? YES() NO() Expiration Date: ____/____/____
mo. day yr.

3. Do you hold a valid Water Safety Instructor's Certificate? YES() NO()

Date received: ____/____/____
mo. day yr.

Please attach copies (front & back) of all certification to additional sheet at end.

4. List below your experiences with swimming pools or aquatics: (Example- Pool operation, lifeguarding, swim team, etc.) List the most recent first:

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____

5. Please list below any allied experience which you feel would aid the position being applied for: (Example - working with children, baby-sitting, etc.) _____

6. When would you be available for employment? _____

7. **What date would you have to terminate employment?** (Example: leave for college, fall sports, etc.)

Date: Month _____ Day _____ Reason : _____

8. **Do you have any plans that would limit your ability to work between June 19, 2010 and September 6, 2010?** (Example- family vacations, school travel, service group trips, sports camps) **Yes () No ()**

If yes, please explain and list dates: _____

9. **When would you be available for an interview?** **Month _____ Date/Days _____**

10. **Have you had a physical examination within the last year?** **YES () NO ()**

Date: ____/____/____ Doctor: _____
Address: _____

11. IN CASE OF EMERGENCY PLEASE NOTIFY:

Name	Address	Tel. #
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12. Please list below three (3) references: (Do not include relatives)

Name:	Address:	Position:	Tel. #
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PLEASE READ AND SIGN THIS APPLICANT’S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature	Date
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Check () Attach copies (front & back) of all certifications

FOR OFFICE USE ONLY :

Employment interview information (to be filled out by pool administration personnel).
