



APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position (s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address		City	State
		Zip Code	
Telephone Number(s)		Social Security Number	
		____/____/____	

Best time to contact you at home is: _____:_____ am./pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Dates available to work: Start date: ____/____/____ End date: ____/____/____

What is your desired salary range? _____

Are you currently available to work: _____ Part Time (Please indicate Mornings Afternoon Evenings)
 _____ Temporary (Please indicate dates available ___/___ - ___/___)

Do you feel that you have the qualifications and training to teach swimming lessons? Yes No

Would you be willing to teach the art and techniques of beginning swimming? Yes No

Would you be willing to participate in a National Lifesaving Course? Yes No

EDUCATION

School	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Specialized Skills

Swimming Skills Background

Number (1) – The activities in which you have participated

Number (2) – The activities in which you have had special training

Number (3) – The activities which you have prepared to teach, or in which you can lead groups

		Date Received
Jr. Life Saving		
Sr. Life Saving		
W.S.I		
Diving		
Other		

Personal/Professional References. Do not include family members or past supervisors.			
Name	Phone Number	Best Time to Call	Occupation
1			
2.			
3.			

<p>Applicant's Statement</p> <p>I certify that answers given herein are true and complete.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed one year. 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.</p> <p>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 Employee 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 damage is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>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.</p>
--

Signature of Applicant

Date