

APPLICATION FOR EMPLOYMENT

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.

(PLEASE PRINT)

Position applied for: _____ Date: _____

(Last Name)	(First Name)	(Middle Name)
Address	City	State
Zip	Male Female (Circle One)	Birthdate
Telephone Number(s)		

Social Security Number _____/_____/_____

Have you ever filed an application with us before? Yes No

Are you currently employed? Yes No

Have you ever been employed with us before? Yes No

May we contact your current employer? Yes No

If yes, give date _____

On what date would you be available for work? _____

On what date would you be ending employment for us? _____

Are you available to work: Full Time or Part Time
(circle one)

If Part Time, what reasons (sports, summer classes, other employment, etc.)

List reasons here: _____

EDUCATION

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

Are you currently certified in these areas?

Lifeguard Yes No

W.S.I. Yes No

First Responder Yes No

CPR — Adult Yes No — Child Yes No — Infant Yes No

List other qualifications: _____

EMPLOYMENT EXPERIENCE:

Start with your most current job.

1. Employer _____
dates employed: from ___/___/___ to ___/___/___
Address _____
Telephone Number _____
Job title _____
Supervisor _____
Work Performed _____
Reason for leaving _____

2. Employer _____
dates employed: from ___/___/___ to ___/___/___
Address _____
Telephone Number _____
Job title _____
Supervisor _____
Work Performed _____
Reason for leaving _____

3. Employer _____
dates employed: from ___/___/___ to ___/___/___
Address _____
Telephone Number _____
Job title _____
Supervisor _____
Work Performed _____
Reason for leaving _____

APPLICANTS 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 45 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.

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 of Applicant

Date

In case of emergency please contact:

Name: _____

Address: _____

Phone: _____