



Application for Employment

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Email: _____

General Information

Position Desired: _____ Salary Desired: _____

Date you can start: _____ Number of desired hours: _____

Are you currently employed? _____ May we contact your current employer? _____

Do you have any physical conditions that might limit your ability to perform the job you've applied for? _____

Days/Times you are available to work: (Please indicate all days/times you are available)

Monday: am _____ pm _____

Tuesday: am _____ pm _____

Wednesday: am _____ pm _____

Thursday: am _____ pm _____

Friday: am _____ pm _____

Saturday: am _____ pm _____

Sunday: am _____ pm _____

Emergency Contact 1: _____ **Relationship:** _____

Phone #: _____ Alternate #: _____

Emergency Contact 2: _____ **Relationship:** _____

Phone #: _____ Alternate #: _____

Educational Background

Current School: _____ Major: _____ Graduation: _____

High School: 9 10 11 12 College: 1 2 3 4 Grad School: 1 2 3
(circle number indicating level of education at the close of the current academic year)

List extracurricular activities/honors: _____

List any group leadership experience: _____

Employment History

(Please list your last four employers, starting with the most recent.)

Employer: _____ **Phone #:** _____

Address: _____

Position: _____ Salary: _____ Dates (From-To): _____

Job Duties: _____

Reason for leaving: _____

Employer: _____ **Phone #:** _____

Address: _____

Position: _____ Salary: _____ Dates (From-To): _____

Job Duties: _____

Reason for leaving: _____

Employer: _____ **Phone #:** _____

Address: _____

Position: _____ Salary: _____ Dates (From-To): _____

Job Duties: _____

Reason for leaving: _____

Employer: _____ **Phone #:** _____

Address: _____

Position: _____ Salary: _____ Dates (From-To): _____

Job Duties: _____

Reason for leaving: _____

Certifications

CPR _____

Expiration Date: _____

Standard First Aid _____

Expiration Date: _____

USAG Safety Certified? _____

Expiration Date: _____

Lifeguard? _____

Expiration Date: _____

WSI Certified? _____

Expiration Date: _____

Do you have any other related certifications? _____

List certifications below:

References

Please list three people who can make a statement regarding your work experience, character and ability.
Do not include relatives or fellow students.

Reference 1: _____ Relationship: _____

Business: _____ Phone #: _____

Address: _____

Reference 2: _____ Relationship: _____

Business: _____ Phone #: _____

Address: _____

Reference 3: _____ Relationship: _____

Business: _____ Phone #: _____

Address: _____

Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____

If Yes, _____ Charge _____ Date _____ Where Convicted

Disposition or Current Status

Applicant Agreement

I hereby certify that all the information given on this application is true, accurate and complete to the best of my knowledge. Any misrepresentation, willful omission or falsification of information requested in this application may be grounds for immediate dismissal.

Signature

Date