

Shannondale-Mahogany Swim Club Employment Application

Position Applying for: _____ Date: _____

Name: _____ SS#: _____
Last First MI

Mailing Address: _____
Street City State Zip

Phone #: _____ Cell #: _____

Date of Birth: _____ Driver's Lic #: _____

E-Mail: _____

High School: _____ Yr Graduate: _____ Grade Completed: _____

College: _____ Yr. Graduate: _____ Grade Completed: _____

Have you ever been convicted of a felony or misdemeanor? _____

Have you ever been discharged from a position? _____

If you answered yes to either of the above two questions, please explain:

Certifications:

Lifesaving: _____ Type: _____ Expiration Date: _____

CPR: _____ Type: _____ Expiration Date: _____

First Aid: _____ Type: _____ Expiration Date: _____

AED: _____ Type: _____ Expiration Date: _____

Other: _____ Expiration Date: _____

Date you are able to start: _____ Ending Date: _____

Do you have any planned vacations? _____ If so when? _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____ If yes, what can be done to accommodate your limitation? _____

Previous Related Work Experience:

1. _____
Employer **Dates** **Supervisor** **Phone Number**

2. _____
Employer **Dates** **Supervisor** **Phone Number**

References: Give the names of three persons not related to you, whom you have known at least one year.

1. _____
Name **Address** **Phone #** **Yrs. Acquainted**

2. _____
Name **Address** **Phone #** **Yrs. Acquainted**

3. _____
Name **Address** **Phone #** **Yrs. Acquainted**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without prior notice.”

Date: _____ **Signature:** _____

Do Not Write Below This Line

Interviewed by: _____ **Date:** _____

Hired: _____ **Position:** _____

Wage: _____ **Date Reporting to Work:** _____

Reviewed by: _____

Pool Manager

Pool Manager’s Comments: _____

Approved by: _____
Personnel Manager

Approved by: _____
President or Delegated Board Member