

Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Street Town State Zip Code

Do you have any physical condition, which may limit your ability to perform the particular job for which you are applying? \_\_\_\_\_; If yes, describe such condition \_\_\_\_\_

Education

What year in school are you attending at present: High School 1 2 3 4  
College 1 2 3 4

Describe any training or education, which would relate to this position: \_\_\_\_\_

**\*\* Lifeguards and Swim Instructors please attach copies of valid certificates \*\***

Are you over the age of eighteen? \_\_\_\_\_ If no, hire is subject to verification that you are of minimum age.

Positions Applied for \_\_\_\_\_ Would you work Full Time \_\_\_\_\_  
Rate of Pay expected \_\_\_\_\_ Would you work Part Time \_\_\_\_\_  
Specify days & hours if Part Time \_\_\_\_\_ Were you previously employed by us? \_\_\_\_\_  
If yes, when? \_\_\_\_\_

List any work experience that would relate to this position

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Describe the work you did
_____			_____
_____			_____
_____			_____

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Describe the work you did
_____			_____
_____			_____
_____			_____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered efficient cause for dismissal.

Signature of Applicant \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Work			
Location	_____	Rate	_____
Position	_____	Date	_____