Applicant Information					
Last Name First		st		M.I.	Date
Street Address				Apartmer	nt/Unit #
City	State			Zip	
Phone	E-mail		-		
Date Available Social Security No.		Desired Salary			
Position Applied for					
Are you legally eligible to work in the U.S.? Yes \Box	No 🗌				
Have you ever worked for this company? Yes \Box	No 🔲 If yes,	when?			
Have you ever been convicted of a felony? Yes \Box	No 🔲 If yes,	explain.			
Employment History					
Company			From	I	То
Address	Address				
Supervisor	Responsiblities				
May we contact? Yes 🔲 No 🔲					
Company			From	I	То
Address		Phone #			
Supervisor		Responsiblities			
May we contact? Yes 🔲 No 🔲					
Company			From	l	То
Address		Phone #			
Supervisor		Responsiblities			
May we contact? Yes 🔲 No 🗌					
References					
Full Name	Relationship				
Company		Phone #			
Address					
Full Name	Relationship				
Company	Phone #				
Address					
Full Name		Relationship			
Company		Phone #			
Address					

Please list your previous swim-related experiences, qualifications, and/or certifications (swim team member, coaching, swim lesson provider, volunteer, etc.) include dates if possible.

On a scale of 0-5, with "O" meaning very little or none and 5 meaning Very Good, please rank yourself in the following areas:

Stroke Knowledge _		Swim Meet Knowledge	
Water Quality Knowledge _		Ability to Work Well with Others	
Punctuality _		Honesty	
Time Management Skills _		Willingness to Provide Swimmers with	
Leadership _		Initiative	
Constructive Criticiscm & Instructi	on	_	

Disc	laimer	and	Signature	

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature	Date
Signature	Date