

**EMPLOYMENT APPLICATION**

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| Applicant Information |

Full Name: Date:
 *Last First M.I.*

Address:
 *Street Address Apartment/Unit #*

 *City State ZIP Code*

Phone: Email:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Every Week | Every Other Week | Sometimes | Never |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

Age: Lifeguard Certified: Start Date:

Days Available:

Are you a citizen of the United States?

Have you ever worked here before?

Have you ever been convicted of a felony?

If yes, explain:

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| Education |

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| --- |
| References |

High School: Graduated? YES / NO

If not graduated, what year will you graduate:

*Please list three references (No Family)*
Full Name: Relationship:

Phone Number:

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Full Name: Relationship:

Phone Number:

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Full Name: Relationship:

Phone Number:

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| Previous Employment |

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: $ Ending Salary: $

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference: YES / NO

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Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: $ Ending Salary: $

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference: YES / NO

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|  |

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: $ Ending Salary: $

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference: YES / NO

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| Authorization |

I hereby authorize investigation of all statements contained in this application. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice.

Date: Signature: