

EMPLOYMENT APPLICATION

Splash Swim School, Inc.

Name (Last)	(First)	(Middle)	Date
Home Address	City	State	Zip
Home Phone	Alternate Phone	Social Security No.	
E-mail address			

Employment Desired

Position desired: _____ Date you are available: _____ Vacation Dates: _____				What shifts are you interested in working? Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/>			
Days & Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	From:	From:	From:	From:	From:	From:	From:
	To:	To:	To:	To:	To:	To:	To:

Personal Information

Have you ever applied to or worked for Splash Swim School before?

Yes No If yes, when? _____

Do you have any friends or relatives working for Splash Swim School?

Yes No If yes, please state name(s) and relationship:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Why are you applying for work at Splash Swim School?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Are you legally authorized to work in the United States? (If you are hired, you will be required to furnish proof of your employment eligibility.) Yes No

Are you physically able to perform the skills necessary to complete the duties of the job for which you are applying? Yes No

If no, please explain: _____

Have you been ever convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, please explain: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Education

Type of School	Name and Location of School	Degree / Area of Study	Number of Years Attended	Graduated
High School	Name _____ City/State _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
College	Name _____ City/State _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School	Name _____ City/State _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Name _____ City/State _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

Which of the following certifications do you have:

Lifeguard Date on Card: _____ CPR Date on Card: _____

First Aid Date on Card: _____ Other Date on Card: _____

Other special training or skills. (List only those relevant to the position for which you are applying.)

Employment History

List your prior employment with your most recent position first, including current employment. Account for any time during this period that you were unemployed by stating the nature of your activities.

Dates	Name and Address of Employer	Position & Duties	Salary / Wages (starting/ending)	Reason for Leaving
From:				
To:				
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
From:				
To:				
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
From:				
To:				
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Professional References (If you are a student, please provide teacher references.)

(Please do not List Relatives)				
Name	Address	Years Known	Relationship to Reference (e.g., Prior Employer, etc.)	Telephone Number

*Please attach additional pages as necessary

Candidate Questions

1) Are you working full time or in school right now? Please describe a typical day.

2) Do you have any experience working with the public? If so, please explain.

3) Do you have any experience working with children? If so, please explain.

4) Which prior job did you like the most? Which did you like the least? Why?

5) Describe a project at school or work that you are proud of.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, my dismissal from employment.

I hereby authorize Splash Swim School to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (unless indicated to the contrary herein), and further, authorize the references I have listed to disclose to Splash Swim School any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. Further, I release all parties and persons from any and all liability for damages that may result from furnishing such information to Splash Swim School, or any of its agents, employees or representatives.

I understand that nothing contained in this application, or conveyed during any interview is intended to create either an express or implied contract of employment between myself and Splash Swim School. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period of time, and may be terminated at-will at any time, with or without cause or prior notice, at the option of either myself or Splash Swim School. I also understand that no promises or representations contrary to the foregoing are binding on Splash Swim School, unless made in writing and signed by both the President of Splash Swim School and myself.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States.

Applicant's Signature: _____

Date Signed: _____