

APPLICATION FOR EMPLOYMENT

McConnelsville Swimming Pool

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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Best time to contact you at home is: _____: _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

*A working permit is required for all 15 year old applicants

*You must have a valid lifeguarding certificate to be employed

Have you ever filed an application with us before? If Yes, give date _____ Yes No

Have you ever been employed with us before? If Yes, give date _____ Yes No

Do any of your friends or relatives work here? Yes No

If Yes, state name, relationship and location _____

Do you have a Red Cross Lifeguard Certificate? Yes No

If Yes, Expiration Date: _____

Do you have a CPR Card? Yes No

If Yes, Expiration Date: _____

Do you have a First Aid Card? Yes No

If Yes, Expiration Date: _____

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other Specify				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

RELEVANT EXPERIENCE

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation