

AQUATIC

Z O N E

The Indoor Swim Center

Personal Information

Name (Last)		(First)		(Middle)				
Home Address			City	State	Zip			
Home Phone	Work Phone	Other Phone	Email Address					
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If you are under the age of 18, please state your date of Birth _____				Social Security #				
Position you are applying for: _____				What shifts are you interested in working?				
Date you are available: _____				Circle All that apply: Full-Time Part-Time Summer				
Vacation Dates: _____								
Days & Hours available for work	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	How were you referred to us _____ _____
	From:	From:	From:	From:	From:	From:	From:	
	To:	To:	To:	To:	To:	To:	To:	

Education

Type of School	Name and Location of School	Degree/ Area of study	Number of years attended	Graduated Circle one
High School	Name _____ City _____			Yes No
College	Name _____ City _____			Yes No
Graduate School	Name _____ City _____			Yes No
Other	Name _____ City _____			Yes No

Special Skills

Please list any training, skills, certifications (CPR/WSI/Life guard) or licenses which may be appropriate to the position you are applying:

Computer Skills

Honors Received/ Athletic Achievements/ School Clubs

Employment History

List employment with the most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your current employer? Yes No May we contact your past employer? Yes No

Dates	Name and address of employer	Position & Duties	Salary/ Wages	Reason for Leaving
From:	Name Phone	Your Job title	Starting	
To:	Address City/State Zip	Duties	Final	Supervisor Name
From:	Name Phone	Your Job title	Starting	
To:	Address City/State Zip	Duties	Final	Supervisor Name

References (May not list relatives)

Name	Address	Years Known	Title	Work #

In submitting this application for employment, I understand that an investigation may be made whereby information obtained regarding my character, previous employment, general reputation, educational background, credit record and criminal history. I authorize anyone possessing this information to furnish it to The Aquatic Zone Swim School and/or a 3rd party company upon request and I release anyone so authorized, The Aquatic Zone Swim School, and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of The Aquatic Zone Swim School.

I understand and agree that if employed, the employment will be "at will." That is, either I or The Aquatic Zone Swim School may end employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by The Aquatic Zone Swim School does not imply employment and that this application and/or any other Aquatic Zone Swim School documents are not contracts of employment.

Applicant's Signature: _____

Date Signed: _____

Emergency Contact Information

Name	Address	Work#	Home #	Other#