

Date: _____

Name: _____ Telephone # _____
Last First Middle Initial

Address: _____
Street Town State Zip Code

Do you have any physical condition, which may limit your ability to perform the particular job for which you are applying? _____; If yes, describe such condition. _____

Education

What year in school are you attending at present: High School 1 2 3 4
College 1 2 3 4

Describe any training or education, which would relate to this position: _____

**** Lifeguards and Swim Instructors please attach copies of valid certificates ****

Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum age.

Positions Applied for _____ Would you work Full Time _____
Rate of Pay expected _____ Would you work Part Time _____
Specify days & hours if Part Time _____ Were you previously employed by us? _____
If yes, when? _____

List any work experience that relate to this position

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Describe the work you did
_____			_____
_____			_____
_____			_____

Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Describe the work you did
_____			_____
_____			_____
_____			_____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered efficient cause for dismissal.

Signature of Applicant _____

FOR OFFICE USE ONLY			
Work			
Location	_____	Rate	_____
Position	_____	Date	_____