

Last Name		First Name	Middle Initial
Mailing Address			
City	State	Zip Code	
Home Phone #		Cell Phone #	
Social Security Number		Date of Birth	

Have you ever been convicted of a felony? YES NO

School/ Location	Dates of Attendance	Highest Grade or Level of Completion

## **EMPLOYMENT EXPERIENCE**

Start with your present or last job. If additional space is needed please attach an additional sheet of paper.

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_SUPERVISOR \_\_\_\_\_

\*\*\*\*\*

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_SUPERVISOR \_\_\_\_\_

May we contact your previous employers? YES NO

## **SUPPLEMENTAL REFERENCES**

List 3 professional references that are not past employers (ex: teachers/professors, customers/clients, coaches, clergy, etc.)

<b>Name</b>	<b>Phone Number</b>	<b>Position/Occupation</b>	<b>Length Of Time Known</b>

## **CURRENT CERTIFICATIONS**

Expiration Date

\_\_\_\_\_ Lifeguard/ First Aid

\_\_\_\_\_

\_\_\_\_\_ CPR/ AED

\_\_\_\_\_

\_\_\_\_\_ Water Safety Instructor

\_\_\_\_\_

\_\_\_\_\_ Lifeguard Training Instructor

\_\_\_\_\_

\_\_\_\_\_ W.S.I. Aide

\_\_\_\_\_

\_\_\_\_\_ Other:

*(ex. Teaching Certifications, ASCA Level 1, Coaching Certifications, ect.)*

\_\_\_\_\_

**What attracted you to apply for the position as swim instructor?**

**What type of experience do you have working with children?**

**Do you have any experience working with people who have a disability?**

**Please explain your swimming background:**

**When would you be available to start?** \_\_\_\_\_

**Circle the days & hours you are available to work:**

*\*There are mandatory staff meetings approximately once per session on Saturday afternoons.*

Mondays 5:00PM – 8:30PM

Wednesdays 5:00PM – 8:30PM

Tuesdays 5:00PM – 8:30PM

Thursdays 5:00PM – 8:30PM

Saturdays 8:15 AM – 1:30PM

## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed **90 days**. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

Signature of Applicant

---

Date

\* You may submit your application in the following manners:

**In Person to Coach Becca on the pool deck**

**Email/Text Coach Becca:** [CalmWatersDirector@gmail.com](mailto:CalmWatersDirector@gmail.com)  
716-906-7875