



EMPLOYMENT APPLICATION FORM

GENERAL INFORMATION:

Today's Date: _____
DOB: _____
SSN: _____

Last Name: _____ First Name: _____ MI: _____

Gender: Male/Female

Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact Information:

Nearest Relative: _____ Phone Number: _____

Address: _____

Medical Insurance Co: _____

Policy Holder Name: _____
(parent/guardian name in which medical insurance is carried)

CERTIFICATION

Please list all certifications and attach copies of such to this application.

___ I am currently certified

___ I currently have no certifications and need to enroll in a class

___ I am currently enrolled in a class at _____ Date _____

Please indicate certification – Ellis, Red Cross, American Heart Association, etc.

1. Lifeguard Training _____ Exp Date _____

Where obtained: _____

2. First Aid Training _____ Exp Date _____

Where obtained: _____

3. CPR/AED _____

Where Obtained: _____

4. Other _____

EXPERIENCE

Please list any job/volunteer experience

Company: _____ Year(s) employed _____
Supervisor: _____ May we contact this employer? _____
Pay rate: _____ Reason for leaving: _____

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Personal References:

Name	Phone	Relationship	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

How did you hear about his job? _____
Referred by: _____

Availability:

It is important to know each employee’s availability when schedules are being made. Please provide any planned dates when you will be unavailable (planned vacation etc)

Dates unavailable _____

Hours desired per week: 10-20, 20-30 (circle one) Available start date: _____

Last day to work: _____

Signature _____ Date: _____

If under 18 years of age, please have your parent or guardian sign below:

Parent/Guardian signature: _____ Date: _____

Parent phone: _____ Parent email address: _____

*In signing this application you are stating that all information is true to the best of our knowledge.
All information obtained in this employment application will be kept confidential.*