

Fox Hollow Swim Club
Application for Employment Summer 2017

DUE 4/1/17

Send to foxhollowmanagers@gmail.com

Date: _____

Personal Information:

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

Employment Desired: (attach resume if available but not required)

Position: **Lifeguard** or **Head Lifeguard** New or Returning Guard?

Available Start Date: _____

Can you work between Memorial Day and the last day of school? _____

Can you work until Labor Day? _____

If leaving for college, please provide the last date available to work: _____

Do you have any activities or vacation plans which impact your ability to work? _____

Are you a member of the swim/dive team?

Certification: (attach copies of your cards to this application)

	<u>Certifying Agency</u>	<u>Date Completed</u>
Lifeguard	_____	_____
First Aid	_____	_____
CPR	_____	_____

<u>Education:</u>	<u>Name and Location</u>	<u>Years Attended</u>	<u>Graduation Date</u>
High School	_____	_____	_____
College	_____	_____	_____

References: (Please provide the names and contact information for three, non-related adults whom you have known for at least one year.)

1.

2.

3.

I authorize the investigation of all statements in this application including but not limited to a criminal history check. I understand that any misrepresentation or omission of facts is cause for dismissal.

Signature: _____ Date: _____

Signature of Parent/Guardian (if applicant id under 18 years of age) _____