EMPLOYMENT APPLICATION Dulaney Swim Club—Summer 2016

Please print a hard copy of this application and email it to (both):

Connie Pifer: fairwaypar@yahoo.com

John Felix: jcic@comcast.net

Personal Information

	Las	st		First			MI				
	S.S	'.N		Phone N	Phone Number						
	Cell Phone			Email							
	Address City										
	StateZip CodeDate of Birth										
	En	Employment Interests									
	Time Desired: Full Time (30+ hrs per week) Part Time (under 20)										
	Pos	Position Desired (may check multiple): Asst. Manager Lifeguard Maintenance									
	Fro	Front Desk Swim Lesson Instructor									
	Da	te Available for	Work:	(Season May 27-September 11)							
	Ava	Available for pre-season (Pre Season April 26-May 22 weekends)									
	Wa	Wages Expected: \$									
		Mon 9-9pm	Tues 9-9pm	Wed 9-9pm	Thurs. 9-9pm	Fri 9-9pm	Sat. 9-10pm	Sun. 10-9pm			
To From											
	Are	Any years experience in this type of position? Yes No How many? Are you related to any employees/members at Dulaney Swim Club? Yes No How did you hear of the opening?									
	Ed	lucation		g: First day of school 2016							
	Sch	nool Currently A	ttending:								
	Las	st day of school 2	2016								
	CE	CRTIFICATION	FIFICATIONS (check all that apply): Guard Training CPR/First Aid CPO WSI certification received: Date certification expires:								
	Lif	e Guard Training									
	Da	te certification r									
	En	Employment Experience (Please list most recent job first)									
	Co	mpany Name		A	ddress						

Employer Name		Phone Number
Position and Wage Earr	ned:	
Description of Job:		
		Reason for Leaving?
		Address
Employer Name		Phone Number
Position and Wage Earr		
Description of Job:		
Start Date:Statement of Accuracy		Reason for Leaving? before signing)
I certify that the that incomplete or incorschools, former employe	e information contained rect information may be ers, references, and othe oyer and release all part	in this application is complete and correct. I understand e grounds for termination if I am hired. I authorize all ers who have information about me, to provide such ties from any liability for any damage that may result from
procedures of the emplo	yer and agree that my e	agree to conform to all rules, regulations, policies, and employment and compensation can be terminated, with or y time, at the option of the employer of Dulaney Swim
This application employment, you must i		For thirty (30) days. If you wish to be considered for later application in writing.
Signature		Date