

Concord Swimming Club, Inc.
P.O. Box 976
Concord, NC 28026-0976

APPLICATION FOR EMPLOYMENT

Date _____

NAME _____

DATE OF BIRTH _____

PERMANENT MAILING ADDRESS _____ PHONE _____
(for W-2)

PRESENT ADDRESS _____ PHONE _____
(if different than above)

EMAIL ADDRESS _____ CELL PHONE _____

POSITION(S) APPLIED FOR: Pool Manager ___ Lifeguard ___ Swim Coach ___

WILL YOU AND YOUR FAMILY BE MEMBERS OF CONCORD SWIM CLUB FOR 2010? Yes ___ No ___

NAME ON MEMBERSHIP CERTIFICATE _____

AVAILABILITY INFORMATION

What dates will you be available for work? _____ To _____

List all activities that will affect your availability during the summer and dates. (Example: school, sports teams, trips other employment, etc.)

What days, dates and/or hours would you not be available to work?

EDUCATIONAL BACKGROUND

Name of School	City	State	Check last year successfully completed				Diploma or degree
			9	10	11	12	
High School							
College			1	2	3	4	

CERTIFICATIONS (please attach copies)

Type	Authority	Date of Certification	Expiration Date
Lifesaving			
First Aid			
CPR			
Water Safety Instructor			
Certified Pool Operator			

List any special interests and/or qualifications that apply to swim club activities. (Example: tennis, teaching swimming lessons, planning children's activities, etc.)

EMPLOYMENT HISTORY

PRESENT (or most recent) EMPLOYER _____

Address _____ PHONE _____

Dates of Employment _____ to _____ Position _____ part-time ___ full-time ___

Salary _____ per hour ___ per week___ Supervisor _____

NEXT PREVIOUS EMPLOYER _____

Address _____ PHONE _____

Dates of Employment _____ to _____ Position _____ part-time ___ full-time ___

Salary _____ per hour ___ per week___ Supervisor _____

NEXT PREVIOUS EMPLOYER _____

Address _____ PHONE _____

Dates of Employment _____ to _____ Position _____ part-time ___ full-time ___

Salary _____ per hour ___ per week___ Supervisor _____

REFERENCES (List three)

Name Address Phone Number

1. _____

2. _____

3. _____

I certify that all the foregoing statements are correct to the best of my knowledge, and I authorize investigation of any statements contained in this application. Further, I understand that misrepresentation or omission of fact is cause for dismissal or refusal of employment.

Signature _____ Date _____

