



EMPLOYMENT APPLICATION

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number	Alternate Phone Number	Email	

GENERAL INFORMATION

1. Have you ever used another name, an assumed name, or nickname necessary to enable a check on your work and educational record?..... Yes No
 - a. If yes, please explain: _____
2. Have you ever worked for this company before?..... Yes No
 - a. If yes, please give dates and position: _____
3. Do you have friends and/or relatives working for this company?..... Yes No
 - a. If yes, name(s) and relationship(s): _____
4. On what date are you available to begin work? _____
5. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. Are you available to work? Full-time Part-time Seasonal
7. If hired, would you have a reliable means of transportation to and from work?..... Yes No
8. Are you at least 18 years old? Yes No
 - a. If no, provide your date of birth: ___/___/___
9. If hired, can you present evidence of your identity and legal right to work in this country? Yes No
10. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references.

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

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		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No
 If yes, please explain: _____

Please explain any gaps in your employment history: _____

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment: _____

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School				
College/ University				
Graduate/ Professional				
Trade School				
Other				

CERTIFICATIONS

Please provide certification information below.

	Where	Chapter	Date of Certification	Expiration Date
Lifeguard				
CPR				
Water Safety				
Other				

REFERENCES

Please list three references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

APPLICANT STATEMENT AND AGREEMENT

Please read and sign below. If there is anything that you do not understand, please ask.

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, educational, and other related matters as may be necessary for an application decision. I hereby release employers, schools or person from all liability in responding to inquires in connection with my application. In the event that I am employed, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand this is "at-will" employment whereby either the employer or the employee can terminate the employment relationship at any time, with or without notice, and for any lawful reason.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.

Signature: _____

Name (print): _____ Date: _____