



APPLICATION FOR EMPLOYMENT

Please apply online at www.swimsafepool.com

Full Name _____ **Date of Birth** _____
Permanent Address _____ **Telephone No.** _____
 _____ **Cell Phone** _____
Address at School _____ **E-mail address** _____
 (college only) _____ **School Phone** _____
Social Security Number _____ **U.S. Citizen** Yes No
In case of emergency, notify _____ **Telephone No.** _____
Position desired _____ **Date available** _____ Part time Full time

If your school year ends after memorial day, will you be available to work:
 Weekends before school ends Yes No
 Weekday afternoons (4:00 pm to 8:00 pm) before school ends Yes No
Can you work through Labor Day Yes No **If not when would last day be** _____
Do you have a preference for your pool assignment, please specify _____
In the event of an SSPM staffing problem, would you be willing to fill in at another pool Yes No
Do you own or have access to an automobile Yes No **Have valid Drivers License** Yes No
Have you ever been dismissed from employment for any reason other than lack of work Yes No

| EDUCATION | NAME | LOCATION | NO. OF YEARS | GPA | YEAR GRAD. |
|-------------|------|--------------|--------------|-----------|--------------|
| HIGH SCHOOL | | | | | |
| COLLEGE | | | | | |
| | | | | | |
| REFERENCES | NAME | RELATIONSHIP | YRS KNOWN | AREA CODE | PHONE NUMBER |
| | | | | | |
| | | | | | |
| | | | | | |

| TRAINING | YEAR TRAINING COURSE- WAS PASSED | EXPIRATION DATE OF LICENSE OR CERTIFICATE | COUNTY AND STATE WHERE LICENSE OR CERTIFICATE WAS ISSUED |
|----------------------------------|----------------------------------|---|--|
| STARGUARD LIFE GUARD TRAINING | | | |
| YMCA/ARC LIFE GUARD TRAINING | | | |
| OTHER LIFE GUARD TRAINING | | | |
| CPR FOR PROFESSIONAL RESCUER | | | |
| WATER SAFETY INSTRUCTOR TRAINING | | | |
| OTHER RELEVANT CERTIFICATIONS | | | |

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts shall be cause for dismissal if employed. I also understand that my employment will be summer employment only, and I will not file for unemployment when my employment ends.

Signature _____ Date _____

107 Commerce Drive, Loveland, OH 45140

feliz@swimsafepool.com