

**APPLICATION FOR SWIMMING POOL EMPLOYMENT CITY OF SHELL ROCK**

Please type or print:

Name \_\_\_\_\_

Summer (Home) Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

If you are living at school, your mailing address at school (if different from above):

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Positions seeking (check all positions that you are seeking and will consider):

- Pool Manager
- Assistant Manager
- Life Guard
- Swimming Instructor
- Basket Room

Education:

Schools Attended  
(begin with high school)

Grade Completed  
or Degree and Major

\_\_\_\_\_

Special Training -include first aid, CPR, lifesaving, WSI, and the date of all certifications

\_\_\_\_\_

Pool Experience (include work experience including employer's name and phone number and dates of employment and other relevant swimming and recreation experience):

\_\_\_\_\_

Do you want full time \_\_\_\_\_ or part time \_\_\_\_\_ employment?

Days/Hours (from 7 am to 9 pm) you are NOT available to work during the summer, and why:

DAY	TIME	REASON FOR CONFLICT
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Sunday \_\_\_\_\_

What date are you available to start work and what date do you need to end work?

\_\_\_\_\_

List all trips, activities and vacations that will interfere with your employment at the pool this summer: \_\_\_\_\_

**EMPLOYMENT RECORD**

**Begin with your present or most recent employer and continue for the past 15 years. Include self-employment and military service. Attach additional sheets if necessary.**

1. Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Contact ? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Contact ? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Contact ? Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

List 3 references, other than former employees or relatives who know you well enough to give information about you.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ How Long Acquainted? \_\_\_\_\_

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I certify that information contained in this application is true and complete.  
I understand that any misstatement or omission of fact on this application form may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_