



# EMPLOYMENT APPLICATION

SWIMAMERICA FAMILY SWIM SCHOOL, INC.

1205 N. Willow Ave., Clovis, CA 93619 (559) 324-SWIM (7946), Fax (559) 322-0705 Email: [office@swimamericafresno.com](mailto:office@swimamericafresno.com)

## Personal Information

Name (Last) _____ (First) _____ (Middle) _____						
Home Address _____			City _____		State _____	Zip _____
Home Phone _____		Work Phone _____		Other Phone _____		
Email Address _____						
If you are under the age of 18, please state your date of Birth _____ Social Security # _____						
Position you are applying for: _____				What shifts are you interested in working?		
Date you are available: _____				Circle all that apply: Full-Time Part-Time Summer		
Vacation Dates: _____						
<b>Days &amp; Hours available for work</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____
How were you referred to us? _____						

## Education

Type of School	Name and Location of School	Degree/ Area of study	Number of years attended	Graduated <small>Circle One</small>
High School	Name _____ City _____			Yes No
College	Name _____ City _____			Yes No
Graduate School	Name _____ City _____			Yes No
Other	Name _____ City _____			Yes No

## Special Skills

Please list any training, skills, certifications (CPR/WSI/LifeGuard) or licenses which may be appropriate to the position you are applying: \_\_\_\_\_

\_\_\_\_\_

## Computer Skills

\_\_\_\_\_

\_\_\_\_\_

## Honors Received/ Athletic Achievements/ School Clubs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

List employment with the most recent position first. Account for any time during this period that you were unemployed by stating the nature of you activities.

May we contact your current employer? Yes No      May we contact your past employer(s)? Yes No

Dates	Name and Address of Employer	Position and Duties	Salary/Wages	Reason for Leaving
From:	Name Phone	Your Job Title	Starting	
To:	Address City/State Zip	Duties	Final	Supervisor Name
From:	Name Phone	Your Job Title	Starting	
To:	Address City/State Zip	Duties	Final	Supervisor Name
From:	Name Phone	Your Job Title	Starting	
To:	Address City/State Zip	Duties	Final	Supervisor Name

**References (May not list relatives)**

Name	Address	Years Known	Title	Work #

In submitting this application for employment, I understand that an investigation may be made and information obtained regarding my character, previous employment, general reputation, educational background, credit record and criminal history. I authorize anyone possessing this information to furnish it to SwimAmerica Family Swim School, Inc. and/or a 3rd party computer upon request and I release anyone so authorized, SwimAmerica Family Swim School, Inc., and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining or using said information in the event of employment. I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand also that I am required to abide by all rules and regulations of SwimAmerica Family Swim School, Inc. and understand and agree that if employed, the employment will be "at will." That is, either I or SwimAmerica Family Swim School, Inc. may end employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by SwimAmerica Family Swim School, Inc. does not imply employment and that this application and/or any other SwimAmerica Family Swim School, Inc. documents are not contracts of employment.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Emergency Contact Information**

Name	Address	Work#	Home #	Other#