



Employment Application

Check One: () Management () Life Guard () Concessions
() Maintenance Staff () Adult Staff ____ concession ____ front window
Check One (if applicable): () Swim Team Coach () Lesson Instructor

Personal Information

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Employment Record

(List last 3 employers or other references. Specify employer, friend or family)

Name and Title: _____ Company: _____

Address: _____

Phone: _____

Name and Title: _____ Company: _____

Address: _____

Phone: _____

Name and Title: _____ Company: _____

Address: _____

Phone: _____

Certifications

<u>Life Guard Training:</u> () Yes () No	<u>Organization:</u> _____	<u>Date:</u> _____
<u>CPR Certification:</u> () Yes () No	<u>Organization:</u> _____	<u>Date:</u> _____
<u>First Aid:</u> () Yes () No		<u>Date:</u> _____

Why do you want to be employed at Colony West Swim Club?

I hereby certify that the answers and other information on this application are true and correct and that I understand that any misrepresentation or conscious omission of facts on my part will be justification for dismissal, if employed.

_____	_____
Signature	Date
Return To: John Henry Colony West Swim Club 2725 Bennington Dr. Springfield, IL 62704	
Return By: March 1st, 2019	