**APPLICATION FOR EMPLOYMENT**

Please fill out application COMPLETELY and LEGIBLY. EMail to the address below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name, phone, and relationship):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Important! According to Ohio Labor Laws, all applicants must be at least 14 years old at the time of employment. Employees under 16 years of age must have a work permit and may not work past 9:00 pm.*

Mark all positions you are interested in applying for:

\_\_\_\_\_\_ Manager \_\_\_\_\_ Assistant Manager \_\_\_\_\_ Lifeguard

\_\_\_\_\_ Front Desk Attendant \_\_\_\_\_ Concession Stand Worker

Certifications: If the position you are applying for requires the following certifications, you must be current for the entire swim season. Please provide a copy of each updated certification.

\_\_\_\_\_ American Red Cross CPR/First Aid Expiration Date: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ American Red Cross Lifesaving Expiration Date: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ WSI Expiration Date: \_\_\_\_\_\_\_\_\_\_

Employment Desired: \_\_\_\_\_\_ Full Time \_\_\_\_\_\_ Part Time \_\_\_\_\_\_ Either

Days Available (circle): ALL Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Are you (or your family) PHSC Members? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**www.pleasanthillswimclub.com**

**PHSC APPLICATION FOR EMPLOYMENT (CONTINUED)**

List any conflicts which may interfere with your work schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work Experience: Please list relevant work experience in the space below.

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Education: Please identify the highest grade attained below.

\_\_\_\_\_\_ Middle School (grade completed: \_\_\_\_\_\_)

\_\_\_\_\_\_ High School (grade completed: \_\_\_\_\_\_)

\_\_\_\_\_\_ College (years completed: \_\_\_\_\_\_, major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for dismissal.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Application to:**

**PHSC Secretary** **Rob Beeler**

 **(in the subject line please put…PHSC Employment with your name)**

**phscmembership@gmail.com**