

SANTA CRUZ COUNTY AQUATICS

PO Box 1616
Soquel CA 95073

APPLICATION FOR CONTRACTUAL EMPLOYMENT

Check position: Head Coach Age Group Coach Dry-Land Coach Substitute Coach

Instructions: Type or print in black or blue ink. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment contract. Read the Certificate of Applicant in Section 10 carefully before signing. Resumes will not be accepted in place of a completed application. Do not respond to any questions with 'see resume'.

1. PERSONAL DATA

NAME			
_____	_____	_____	_____
LAST	FIRST	M.I.	
ADDRESS			
_____	_____	_____	_____
STREET	CITY/STATE	ZIP CODE	
PHONES/EMAIL			
_____-_____-_____-_____-_____	_____-_____-_____-_____-_____	_____-_____-_____-_____-_____	_____
HOME	WORK	CELL	EMAIL
Do you have a valid Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes		Expir. Date _____	Social Security Number _____
State _____	Number _____	Class _____	_____-_____-_____-_____-_____

2. PHYSICAL CONDITIONS OR LIMITATIONS

Do you have any physical condition or limitation that would prevent you from performing all the duties of this position on a regular and continuing basis? No Yes
If yes, what can be done to accommodate your limitation? Please explain in Section 7.

3. EDUCATION & TRAINING

Are you a high school graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	High School _____		
	City _____ State _____		
Have you passed the GED? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Colleges/Universities Attended	Location	Course of Study	Degree/Certificate Rec'd.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
ASCA Certification <input type="checkbox"/> None <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5	Other Equivalent _____		
CPR Certification <input type="checkbox"/> No <input type="checkbox"/> Yes	Expiration Date _____		
First Aid Certification <input type="checkbox"/> No <input type="checkbox"/> Yes	Expiration Date _____		
Safety Training for Coaches <input type="checkbox"/> No <input type="checkbox"/> Yes	Expiration Date _____		
Please describe additional coursework/training or list certificates or licenses of professional or vocational competence you possess that relate to this position. _____			

4. WORK EXPERIENCE

Respond completely to the information requested in this section and attempt to cover all of the requirements listed in the job announcement. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education. DO NOT ENTER 'SEE RESUME'.

<p>TITLE OF YOUR MOST RECENT POSTION ORGANIZATION NAME _____ NUMBER AND STREET ADDRESS _____ CITY _____ STATE _____ FROM (MO & YR) _____ TO (MO & YR) _____ ANNUAL SALARY _____ SUPERVISOR'S NAME & TITLE _____ SUPERVISOR'S PHONE NUMBER(S) _____) _____ DUTIES PERFORMED _____ REASON FOR LEAVING _____</p>
<p>TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE ORGANIZATION NAME _____ NUMBER AND STREET ADDRESS _____ CITY _____ STATE _____ FROM (MO & YR) _____ TO (MO & YR) _____ ANNUAL SALARY _____ SUPERVISOR'S NAME & TITLE _____ SUPERVISOR'S PHONE NUMBER(S) _____) _____ DUTIES PERFORMED _____ REASON FOR LEAVING _____</p>
<p>TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE ORGANIZATION NAME _____ NUMBER AND STREET ADDRESS _____ CITY _____ STATE _____ FROM (MO & YR) _____ TO (MO & YR) _____ ANNUAL SALARY _____ SUPERVISOR'S NAME & TITLE _____ SUPERVISOR'S PHONE NUMBER(S) _____) _____ DUTIES PERFORMED _____ REASON FOR LEAVING _____</p>
<p>TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE ORGANIZATION NAME _____ NUMBER AND STREET ADDRESS _____ CITY _____ STATE _____ FROM (MO & YR) _____ TO (MO & YR) _____ ANNUAL SALARY _____ SUPERVISOR'S NAME & TITLE _____ SUPERVISOR'S PHONE NUMBER(S) _____) _____ DUTIES PERFORMED _____ REASON FOR LEAVING _____</p>
<p>TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE ORGANIZATION NAME _____ NUMBER AND STREET ADDRESS _____ CITY _____ STATE _____ FROM (MO & YR) _____ TO (MO & YR) _____ ANNUAL SALARY _____ SUPERVISOR'S NAME & TITLE _____ SUPERVISOR'S PHONE NUMBER(S) _____) _____ DUTIES PERFORMED _____ REASON FOR LEAVING _____</p>

5. AVAILABILITY

Are you available to work?
 Full-Time Part-Time Evenings Weekends Other

How did you hear about the position?
 Internet Relative Friend Other (pls. specify) _____

Date available to start: _____

6. REFERENCES

Please list 3 character references

NAME	ADDRESS	PHONE	TYPE OF BUSINESS	YRS AQUAINTED

7. EXPLANATION OF PREVIOUS ITEMS

Use this space to provide additional information as required by this application. Attach additional sheet(s) as necessary

8. CONVICTION RECORD (REQUIRED FROM ALL APPLICANTS)

Answer this section truthfully, including both minor and serious offenses of which you were convicted. ANY OMISSIONS ARE GROUNDS FOR DISQUALIFICATION OR DISMISAL FROM THE POSITION. This section will be reviewed for nature of convictions, job relatedness and time since last conviction.

Have you ever been convicted of a breach or violation of any ordinance or law other than a minor traffic violation?
 No Yes

If yes, provide the information requested below for each conviction. Be specific, give name and code number of offense, not simply misdemeanor or felony. DO NOT LIST ARRESTS - ONLY CONVICTIONS.

OFFENSE _____	OFFENSE _____	OFFENSE _____
CODE # _____	CODE # _____	CODE # _____
DATE _____	DATE _____	DATE _____
PLACE _____	PLACE _____	PLACE _____
SENTENCE/FINE _____	SENTENCE/FINE _____	SENTENCE/FINE _____
_____	_____	_____

9. GENERAL INFORMATION

I understand that filing this application in no way assures me a position with Santa Cruz County Aquatics (SCCA) and that this application is not, and is not intended to be, a contract of employment. I understand that if selected, my contract and compensation can be terminated without cause, and with or without notice, at any time at the option of the Santa Cruz County Aquatics (SCCA) or myself. __ No __ Yes

Are you able, upon selection, to submit verification that you are a United States citizen or are eligible to work in the United States? *The Immigration Reform and Control Act (IRCA) requires original documentation from every employee which verifies identity and authorizes employment in the United States.* __ No __ Yes

Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency or misconduct? If 'yes' please clarify in Section 7. A yes answer will not automatically preclude you from selection. __ No __ Yes

If selected, I agree to be fingerprinted. __ No __ Yes

SCCA is hereby authorized to conduct a background check on me. __ No __ Yes

I authorize SCCA to contact my **present** employer. Exception(s) made in section 7. __ No __ Yes

I authorize SCCA to contact my **past** employers. Exception(s) made in section 7. __ No __ Yes

I authorize SCCA to contact other references. __ No __ Yes

10. CERTIFICATE OF APPLICANT

I authorize Santa Cruz County Aquatics (SCCA) to investigate my references, work record, education, or any other matters relating to my suitability for selection. I authorize and direct my former or current employers and educational institutions to release to SCCA any information they may have concerning my employment or education. I also authorize SCCA to obtain and review any documents or records, including driving records, which are applicable to my employment. I release the parties listed above from any and all liability related to supplying or gathering any information about suitability for selection.

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, will be sufficient reason for dismissal from the services of the Santa Cruz County Aquatics (SCCA), regardless of the time that has elapsed from discovery.

Today's Date _____

Print Your Name _____

Your Signature _____

DEADLINE: July 1, 2007

**Fax completed application to:
SCCA Search Committee at fax number 831-336-9431**

**and then mail original to SCCA Search Committee
PO Box 1616 Soquel CA 95073**

If you have any questions call 831.818.8708

