



APPLICATION FOR EMPLOYMENT
Clarence Learn to Swim Program

(PLEASE PRINT)

Last Name First Name Middle Initial

Mailing Address

City State Zip Code

Home Phone # Cell Phone #

Social Security Number Date of Birth

If you are under 18 years of age, can you provide required proof of your eligibility to work (ex. Working Papers)? (circle one) YES NO

Are you currently employed? YES NO

Have you ever been convicted of a felony? YES NO

EDUCATION

School/ Location	Dates of Attendance	Highest Grade or Level of Completion

EMPLOYMENT EXPERIENCE

Start with your present or last job. If additional space is needed please attach an additional sheet of paper.

EMPLOYER _____

ADDRESS _____

TELEPHONE _____

JOB TITLE _____ SUPERVISOR _____

EMPLOYER _____

ADDRESS _____

TELEPHONE _____

JOB TITLE _____ SUPERVISOR _____

EMPLOYER _____

ADDRESS _____

TELEPHONE _____

JOB TITLE _____ SUPERVISOR _____

May we contact your previous employers? YES NO

If we may not contact your previous employers, please state why:

CURRENT CERTIFICATIONS

	Expiration Date
_____ Lifeguard/ First Aid	_____
_____ CPR/ AED	_____
_____ Water Safety Instructor	_____
_____ Lifeguard Training Instructor	_____
_____ W.S.I. Aide	_____
_____ Other:	
<i>(ex. Teaching Certifications, ASCA Level 1, Coaching Certifications, ect.)</i>	_____

SUPPLEMENTAL REFERENCES

List 3 professional references that are not past employers (ex: teachers/professors, customers/clients, coaches, clergy, etc.)

Name	Phone Number	Position/Occupation	Length Of Time Known

What attracted you to apply for the position as swim instructor?

What type of experience do you have working with children?

Please explain your swimming background:

When would you be available to start? _____

Circle the days & hours you are available to work:

**There are mandatory staff meetings approximately once per month on Saturday afternoons.*

Mondays 5:00PM – 8:30PM Wednesdays 5:00PM – 8:30PM

Tuesdays 5:00PM – 8:30PM Thursdays 5:00PM – 8:30PM

Saturdays 8:15 AM – 1:00PM

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed **90 days**. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

* You may submit your application in the following manners:

Postal Mail:

Clarence Learn to Swim Program
c/o Becca Wicher, Director
PO Box 13
Clarence, NY 14031

E-Mail:

CLTSDirector@gmail.com

716-906-7875