



15622 Country Club Drive
Mill Creek, WA 98012
office@westswimteam.com
425-379-8806

Employment Application

Date: _____

Position Applying for: _____

Applicant's Full Name & Contact Information

Last: _____ First: _____ Middle: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Email: _____

Emergency Contact: _____ Relation: _____ Mobile: _____

Availability & Consent

Start Date: _____ Salary Requirements: _____

If you are under 18, we require a Parent/School Authorization Form. Can you present one?

Yes No

If "No," please explain: _____

Have you ever worked for WEST before? Yes No

If "Yes," when? _____

Are you a legal citizen of the United States? Yes No

If "No," are you legally allowed to work in the US? Yes No

Type of employment desired: Full-Time Part-Time Seasonal

Have you ever plead "guilty" or been convicted of a crime? Yes No

If "Yes," please provide date(s) and details: _____

I understand that WEST runs background checks on ALL new employees and hereby give my consent to do so. Please sign name: _____

Professional Certificates:

Lifeguarding CPR First Aid Certified Pool Operator

Expiration: _____



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Previous Employment, beginning with most recent:

Dates of Employment: From: ___/___/___ To: ___/___/___

Position: _____ Organization: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Supervisor Name & Title: _____

Responsibilities: _____

Reasons for Leaving: _____

May we contact this employer? Yes No

Dates of Employment: From: ___/___/___ To: ___/___/___

Position: _____ Organization: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Supervisor Name & Title: _____

Responsibilities: _____

Reasons for Leaving: _____

May we contact this employer? Yes No

Dates of Employment: From: ___/___/___ To: ___/___/___

Position: _____ Organization: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Supervisor Name & Title: _____

Responsibilities: _____

Reasons for Leaving: _____

May we contact this employer? Yes No