**Recreation Club**

2021 Employment Application

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First | | DOB |
| Address | | | Zip |
| City | Cell # | | Email |
| School attending | | Emergency Name/Phone Number | |
| Next year I will be a:    FR  χ SO χ JR χ SR χ College  χ    Other: \_\_\_\_\_\_\_\_\_\_\_ | | | |
| Position Applied For:   Lifeguard χ Swim Coach    χ Snack Bar Attendant   χ | | | |
| **Flexibility is required for timely scheduling and other than the times listed below,** | | | |
| **Can you be flexible with your work hours?**  Yes χ No χ | | | |

**https://docs.google.com/a/hhrcswim.org/drawings/d/s7AHysEsA8PhOoPsidIXn7w/image?w=81&h=32&rev=1&ac=1&parent=13lpAToev0SyOj3cG9q-LVcrIBnpLjLB-Qe2h12He_q4Availability (more availability will give you hiring priority)**

Date available to start:    Date I return to school:

Will you be available after this date to work part time?    Yes  χ No  χ

Known times you will be **NOT** be available (family vacations, etc.) Please be as detailed as possible.

1.

2.

3.

Are you involved in a regular sport/activity that will affect your availability?    Yes χ No χ

If yes, please detail dates/times affected.

**Certifications – attach a copy of any certifications – must be provided before hiring**

|  |  |
| --- | --- |
| Are you CPR certified?    Yes  χ No  χ | Expiration Date: |
| Are you Lifeguarding certified?    Yes  χ No  χ | Expiration Date: |
| Are you CPO certified?    Yes  χ No  χ | Expiration Date: |
| Are you LGI certified?    Yes  χ No  χ | Expiration Date: |

Are you aware of anything that would disqualify or prevent you from completing the responsibilities of the position for which you are applying? (i.e. health issues, criminal conviction, drug or alcohol addiction).    Yes χ No χ

If yes, then please explain:

https://docs.google.com/a/hhrcswim.org/drawings/d/sdGZXe325VDalrCKbLTnYVQ/image?w=642&h=13&rev=1&ac=1&parent=13lpAToev0SyOj3cG9q-LVcrIBnpLjLB-Qe2h12He_q4

**Employment Record: Starting with your most recent job – include month and year.**

**Unrelated experience (such as babysitting, volunteer work) can be included.**

Company Name /Job Title:

Supervisor’s Name/Phone:

Duties:

Employed From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Hourly wage \_\_\_\_\_\_\_

Reason for leaving:

https://docs.google.com/a/hhrcswim.org/drawings/d/sdGZXe325VDalrCKbLTnYVQ/image?w=642&h=13&rev=1&ac=1&parent=13lpAToev0SyOj3cG9q-LVcrIBnpLjLB-Qe2h12He_q4

Company Name /Job Title:

Supervisor’s Name/Phone:

Duties:

Employed From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Hourly wage \_\_\_\_\_\_\_

Reason for leaving:

https://docs.google.com/a/hhrcswim.org/drawings/d/spJ8P7Holv_UOuNujHtEkbQ/image?w=642&h=13&rev=1&ac=1&parent=13lpAToev0SyOj3cG9q-LVcrIBnpLjLB-Qe2h12He_q4

**References:**

*Name    Phone    Relationship    Years Known*

1.

2.

3.

***(Additional Experience can be documented on the following page and attached)***

*In case of emergency please notify:*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize Heritage Hills Recreation Club to contact any of my previous employers, as well as any listed references to verify the facts and information I have furnished. I understand that false information or failure to disclose relevant information may be grounds for rejection of my application or for my dismissal if I am employed.

**Applicant’s Signature                                                                             Date**

**Remember to attach a copy of your certifications!**

***Additional Experience: Optional***

https://docs.google.com/a/hhrcswim.org/drawings/d/sjU3Ll6TomdLHNxhiHeaKrA/image?w=642&h=13&rev=1&ac=1&parent=13lpAToev0SyOj3cG9q-LVcrIBnpLjLB-Qe2h12He_q4

Company Name /Job Title:

Supervisor’s Name/Phone:

Duties:

Employed From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Hourly wage \_\_\_\_\_\_\_

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Duties:

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Company Name /Job Title:

Supervisor’s Name/Phone:

Duties:

Employed From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Hourly wage \_\_\_\_\_\_\_

Reason for leaving:

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