**OAK CREEK SWIM CLUB**

**Job Application**

**Must be received by February 28**

**Please SCAN & ATTACH (not a pic) this completed form, email to** [**oakcreekswimclub@att.net**](mailto:oakcreekswimclub@att.net)

Job you are applying for: circle one Lifeguard Snack Bar Swim Team Coaching Staff

Name as on Social Security Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current grade level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date school ends\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of June 1 \_\_\_\_\_\_\_\_

***\**Snack Bar must be 14 yrs. old as of June 1; Lifeguards must be certified by opening day**

Are you a member of this club? \_\_\_\_ Yes \_\_\_\_ No

**CERTIFICATIONS**

Do you have a valid Lifeguarding Certificate? Copy must be provided

\_\_\_\_ Yes \_\_\_\_ No If in class, when is completion date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid CPR certificate?

\_\_\_\_ Yes \_\_\_\_ No Copy must be provided

Do you have driver’s license? \_\_\_\_ Yes \_\_\_\_ No

**WORK EXPERIENCE**

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How long Type of Work Employer

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How long Type of Work Employer

**List any skills or experience you feel should be considered when evaluating your application:**

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**ACTIVITIES AND SPORTS**

Please list your summer activities and/or sports that might require your time during the summer, along with dates and details if known. While we attempt to be flexible during scheduling, your availability may impact our hiring decisions. Also list any vacation time if you know.

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**PERSONAL REFERENCES**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

**APPLICANT’S CERTIFICATION AND AGREEMENT**

I certify that all information set forth in this application for employment at Oak Creek Swim Club to be true, complete, and accurate. I understand that the falsification, misrepresentation, or omission of fact on this application will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I authorize Oak Creek Swim Club to verify the accuracy of the information provided in this application. I hereby release Oak Creek Swim Club from all liability for seeking, gathering, and using such information to make employment decisions.

If hired, I agree to abide by all rules and regulations of Oak Creek Swim Club, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either Oak Creek Swim Club or myself. I further understand that this application is not intended to be a contract of employment, nor does this application obligate Oak Creek Swim Club, whether oral or written, to interview or provide employment for me.

I understand that if I am under the age of eighteen (18), I must have a parent/legal guardian sign this application.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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