



APPLICATION FOR EMPLOYMENT

Hunting Hills Swim Club

PERSONAL INFORMATION

Name	First:	M.I.:	Last:
Home Address	Street Address:		
	City:	State:	Zip:
	Birth Date:		
Email Address			
Home Telephone			
Cellular Telephone			

AQUATIC / SAFETY CERTIFICATIONS

	Certification	Date Certified	Date Expired
	Lifeguarding		
	Water Safety Instructor (WSI)		
	CPR - Level:		
	Pool Operators – Baltimore City		

WORK HOURS PER WEEK

	Full Time (no benefits and hourly pay only for approximately 30-40 hours per week)
	Part Time (no benefits and hourly pay only for no more than 25 hours per week)

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<input type="checkbox"/>	Swim Club Manager
<input type="checkbox"/>	Lifeguard Will include gate guarding hours
	Snack Bar Cashier (May include gate when necessary or other tasks when the snack bar is slow.)

EMPLOYMENT AVAILABILITY

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you available for full-time work from Saturday proceeding Memorial Day through Labor Day? If no, please specify your full-time availability. START DATE: _____ END DATE: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any regularly scheduled activities that conflict with a full-time schedule? If yes, please specify your regularly (weekly, bi-weekly) scheduled activities.
		Please indicate any planned vacation(s): START DATE: _____ END DATE: _____ START DATE: _____ END DATE: _____ START DATE: _____ END DATE: _____
		Have you ever taught organized group swim lessons? If so, what program?
<input type="checkbox"/>	<input type="checkbox"/>	Are you available to teach swim lessons in the mornings before the pool opens? (Approximately 9:45 am).
<input type="checkbox"/>	<input type="checkbox"/>	Do you understand that if you are under the age of 18, you must obtain a work permit?
<input type="checkbox"/>	<input type="checkbox"/>	Do you understand that if hired by Hunting Hills Swim Club, you are required to order a uniform and wear it at all times while on duty?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been arrested or convicted of a criminal offense? If yes, please explain.



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EMERGENCY CONTACT INFORMATION

Name	First:	Last:	
Home Address	Street Address:		
	City:	State:	Zip:
Relationship to you:			
Home Telephone			
Cellular Telephone			
Name of Doctor			
Address			
Telephone			

I hereby certify that the information contained in this application of employment is true to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Signature of Parent or Guardian (if applicant is under 18)

Relationship to Applicant: _____