

Holiday Swim Club Employment Application

GENERAL INFORMATION

Name: _____

Address: _____

Cell: _____ DOB: _____

Email: _____

Are you a member of the Holiday Swim Club? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Relationship: _____ Alternate Phone: _____

POSITION(S) APPLYING FOR

Check all that apply:

_____ Pool Manager _____ Lifeguard _____ Coach _____ Swim Instructor

WORK EXPERIENCE

Company: _____ Position: _____

Start Date: _____ End Date: _____ Hourly Rate: _____

Company: _____ Position: _____

Start Date: _____ End Date: _____ Hourly Rate: _____

Company: _____ Position: _____

Start Date: _____ End Date: _____ Hourly Rate: _____

REFERENCES

Please list two references not related to you who are familiar with your character and work ethic (i.e. teacher, coach, previous employer)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

CERTIFICATIONS

Please include copies of certifications

Lifeguard

Certifying Agency: _____ Training Location: _____

Date of Completion: _____ Date of Expiration: _____

CPR

Certifying Agency: _____ Training Location: _____

Date of Completion: _____ Date of Expiration: _____

First Aid

Certifying Agency: _____ Training Location: _____

Date of Completion: _____ Date of Expiration: _____

If you are not certified yet or your certification has expired, please list any classes you are signed up to take and the anticipated completion dates:

LIFEGUARD AVAILABILITY

Beginning of Summer: (choose one)

_____ I am available BEFORE summer break

_____ I am available AFTER school is out

End of Summer: (choose one)

_____ I am only available UNTIL school starts

_____ I am available AFTER school starts

SWIM LESSON INSTRUCTOR AVAILABILITY

Instructors are hired for an entire two-week session. Indicate below which sessions you can commit to work, and if you can commit to morning or evening lessons.

_____ Session 1 / June 16 - 27 _____ Morning _____ Evening

_____ Session 2 / June 30 - July 11 _____ Morning _____ Evening

_____ Session 3 / July 14 - 25 _____ Morning _____ Evening

_____ Session 4 / July 28 - August 8 _____ Morning _____ Evening

_____ Session 5 / August 11 - 22 _____ Morning _____ Evening

TIME OFF REQUESTS

Please list any known vacation times for which you would like to be considered. The dates you list below are not guaranteed and will be reviewed once staffing is finalized.

PARENT/GUARDIAN SIGNATURE FOR TIME OFF REQUESTS (minors only):

I have reviewed my child's requested time off dates and their commitment to work the above sessions.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENTS

Please read carefully and initial if you agree:

_____ I acknowledge that my employment with Holiday Swim Club will be 'at-will' and that either Holiday Swim Club or I reserve the right to terminate employment at any time, with or without cause.

_____ I understand that Holiday Swim Club is open 7 days a week including holidays. I agree to work my scheduled hours, including those that fall on holidays, once the schedule is posted in Sling, unless a time off request or shift replacement has been approved by the Pool Manager.

_____ I authorize Holiday Swim Club to contact my previous employers, and also authorize Holiday Swim Club to release information regarding my job performance to a prospective employer, unless otherwise stated.

AGREEMENT

I hereby affirm that the information I have given in this application is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

Applications may be accepted by any Holiday Swim Club Board Member or emailed to holidaypool.inc@gmail.com.