



P.O. BOX 20271
 SAN JOSE, CA 95160
 (408) 997-3871

Shadow Brook Swim Club

EMPLOYMENT APPLICATION

Part 1. GENERAL INFORMATION

FIRST NAME (Middle Initial)			LAST NAME	
MAILING ADDRESS (Include apartment number, if any)			HOME TELEPHONE	
CITY	STATE	ZIP	CELL PHONE	
E-MAIL Address			Date of Birth	

POSITIONS YOU ARE APPLYING FOR: (Check all that apply)

- LifeGuard Swim Coach Pool Manager
 Swim Instructor Assistant Swim Coach Gate/Entry Attendant Asst Pool Manager Other _____

Part 2. BACKGROUND INFORMATION

Do you possess a valid driver's license? Yes No

Issuing State: _____

License Number: _____

Expiration Date: _____

Are you a citizen of the United States or do you have a legal right to work in the United States? Yes No

Other than English, what languages do you speak, read, or write fluently?

If you fail to respond to the following question completely and clearly as directed herein, your application may be rejected. As an adult, have you ever been convicted of a misdemeanor or felony, or been on parole or probation? Yes No
If yes, you must list all convictions since your 18th birthday on an attached sheet. Include offense, date, place of conviction and dates of probation and/or parole. You are not required to disclose information regarding participation in a pre-trial or post-trial diversion program. You must disclose felony (but not misdemeanor) convictions that have been judicially dismissed pursuant to Penal Code section 1203.4. You may omit any offense as set forth in Labor Code section 432.8. A yes answer will not automatically disqualify you from appointment; however failure to disclose misdemeanor or felony convictions will result in termination or denial of employment.

Part 3. EDUCATION AND TRAINING

Have you graduated from high school or passed the GED? No Yes GED

List high school, college, business school, military training, and other relevant education

School Name and Location	Month and Year Attended	Major	Degree Awarded	Year Degree Received
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			

Certifications (relevant to position applying for)	Current?	Expires (month/year)
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lifeguard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Training for Swim Coaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Safety Instructor (WSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 4. EMPLOYMENT HISTORY

PLEASE LIST YOUR MOST RECENT EMPLOYMENT FIRST. Resumes will not be accepted in place of a completed application form. Respond completely to all information in this section. List all experience, including volunteer and military. It is your responsibility to make and keep a copy of your completed application form and attachments

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this position From / To /		Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason For Leaving		Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees Supervised	
Specific Duties			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Present or Last Employer		Employer's Address			
Your Title		Months & Years Employed in this position From / To /		Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason For Leaving		Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees Supervised	
Specific Duties			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this position From / To /		Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason For Leaving		Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees Supervised	
Specific Duties			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this position From / To /		Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason For Leaving		Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees Supervised	
Specific Duties			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this position From / To /		Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason For Leaving		Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees Supervised	
Specific Duties			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 5. DATE AND SIGNATURE

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character.

Signature

Date