



## APPLICATION FOR EMPLOYMENT

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Permanent Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
 \_\_\_\_\_ **E-mail address** \_\_\_\_\_  
**Address at School** \_\_\_\_\_ **Preferred Pool** \_\_\_\_\_  
 (college only) \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_ **Are you a member of a pool?** \_\_\_ Yes \_\_\_ No  
**In case of emergency, notify** \_\_\_\_\_ **If so, which pool:** \_\_\_\_\_  
**Emergency Contact Phone.** \_\_\_\_\_ **U.S. Citizen?** \_\_\_ Yes \_\_\_ No  
**Date available** \_\_\_\_\_ **Desired Hours/Wk** \_\_\_\_\_  
**Position desired** \_\_\_\_\_

**If your school year ends after memorial day, will you be available to work:**  
 Weekends before school ends \_\_\_ Yes \_\_\_ No  
 Weekday afternoons (4:00 pm to 8:00 pm) before school ends \_\_\_ Yes \_\_\_ No  
**Can you work through Labor Day** \_\_\_ Yes \_\_\_ No **If not when would last day be** \_\_\_\_\_  
**Do you have a preference for your pool assignment, please specify** \_\_\_\_\_  
**In the event of an SSPM staffing problem, would you be willing to fill in at another pool** \_\_\_ Yes \_\_\_ No  
**Do you own or have access to an automobile** \_\_\_ Yes \_\_\_ No **Have valid Drivers License** \_\_\_ Yes \_\_\_ No  
**Have you ever been dismissed from employment for any reason other than lack of work** \_\_\_ Yes \_\_\_ No  
**Have you ever been convicted of a crime, other than a minor traffic violation?** \_\_\_ Yes \_\_\_ No

EDUCATION	NAME	LOCATION	NO. OF YEARS	GPA	YEAR GRAD.
HIGH SCHOOL					
COLLEGE					
REFERENCES	NAME	RELATIONSHIP	YRS KNOWN	AREA CODE	PHONE NUMBER

TRAINING	YEAR TRAINING COURSE- WAS PASSED	EXPIRATION DATE OF LICENSE OR CERTIFICATE	COUNTY AND STATE WHERE LICENSE OR CERTIFICATE WAS ISSUED
LIFEGUARD/CPR/FIRST AID TRAINING			
OTHER RELEVANT CERTIFICATIONS			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts shall be cause for dismissal if employed. I also understand that my employment will be summer employment only, and I will not file for unemployment when my employment ends.

Signature \_\_\_\_\_ Date \_\_\_\_\_

107 Commerce Blvd, Loveland, Oh 45140  
 513-755-7075 fax 513-331-7798  
 feliz@swimsafepool.com

**PREVIOUS EMPLOYMENT (Last 3 positions)**

**Employer**

**Dates**

**Duties**

**Wages**

**Supervisor**

1.

2.

3.