

APPLICATION FOR AQUATIC CENTER EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Thank you for your interest in working at Health Unlimited Family Fitness and Aquatic Center. Health Unlimited is an equal opportunity employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such laws.

PLEASE PRINT

Position(s) applied for _____ Date of application _____

Name _____
Last First Middle Int.

Address _____
Street City State Zip Code

Phone _____ Cell Phone _____ Social Security No. _____

Previous Residence _____
Street City State Zip Code

Are you legally eligible for employment in the United States? (Please circle) YES NO

First date you are available to work ____/____/____ Total hours available per week? _____

Hours available: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

EDUCATION	NAME	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				

TRAINING	YEAR TRAINING COURSE WAS COMPLETED	EXPIRATION DATE OF LICENSE/ CERTIFICATE	COUNTY & STATE WHERE LICENSE OR CERTIFICATE WAS ISSUED
WSI			
RED CROSS LIFEGUARD TRAINING			
YMCA LIFEGUARD TRAINING			
OTHER LIFEGUARD TRAINING			
CPR FOR PROFESSIONAL RESCUER			
SWIMMING POOL OPERATORS LICENSE			
OTHER RELEVANT CERTIFICATIONS			

I certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that false statements, misrepresentations, or omissions made by me on this application or any supplement thereto, will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

Applicant's Signature _____ Date ____/____/____

CONTINUED ON BACK

Previous **Pool Related** Employment

DATES	EMPLOYER	DESCRIPTION OF DUTIES	WAGES	1. JOB TITLE 2. SUPERVISOR	REASON FOR LEAVING
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING LEAVING	1 2	
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING LEAVING	1 2	
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING LEAVING	1 2	

Previous **NON-Pool Related** Employment

DATES	EMPLOYER	DESCRIPTION OF DUTIES	WAGES	1. JOB TITLE 2. SUPERVISOR	REASON FOR LEAVING
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING LEAVING	1 2	
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING LEAVING	1 2	
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING LEAVING	1 2	