

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. _____

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	1	
			LEAVING	2	
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING	1	
			LEAVING	2	
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING	1	
			LEAVING	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	1	
			LEAVING	2	
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING	1	
			LEAVING	2	
FROM _____ TO _____	NAME _____ ADDRESS _____ PHONE # _____		STARTING	1	
			LEAVING	2	



Acknowledgment and Authorization For Consumer Reports

In connection with your application for employment with RDM Group, Inc. t/a Health Unlimited, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State or Local agencies.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports for RDM Group, Inc. t/a Health Unlimited and any other company with which they contract for your services. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota, or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: _____

Signature: _____

Date: _____

Social Security #: _____

Date of Birth: _____

Maiden Name (if applicable) _____

Current Address: _____

_____ City State Zip

DL# _____ State: _____