

Employment Application



PLEASE PRINT CLEARLY.

POSITION(S) APPLIED FOR _____

PERSONAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE NUMBER
STREET ADDRESS		CITY	STATE ZIP
Are you able to perform the essential functions of the position applied for with or without accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION

Name of School and Address (City, State)	Years Attended	Field of Study	Graduate or Degree
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
OTHER			

EMPLOYMENT HISTORY

EMPLOYER NAME	EMPLOYER ADDRESS (City, State)	DATES EMPLOYED from _____ to _____
POSITION HELD	DUTIES	PAY RATE / SALARY
SUPERVISOR'S NAME	SUPERVISOR TELEPHONE	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

REASON FOR LEAVING _____

EMPLOYER NAME	EMPLOYER ADDRESS (City, State)	DATES EMPLOYED from _____ to _____
POSITION HELD	DUTIES	PAY RATE / SALARY
SUPERVISOR'S NAME	SUPERVISOR TELEPHONE	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

REASON FOR LEAVING _____

Please indicate which of the following certifications you have and date of expiration or issue where noted.

CPR Exp. Date: _____ FIRST AID Exp. Date: _____ LIFEGUARD TRAINING Exp. Date: _____ WATER SAFETY INSTRUCTOR Issue Date: _____ OTHER _____

Have you ever worked with children? If yes, please explain.

YES NO

Have you ever worked in food preparation and/or service? If yes, please explain.

YES NO

Are you computer literate? If yes, what type of computer?

YES NO