



# Employee Application & Information

## Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

## Education Background

School Name	Major	Diploma
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Grad School: \_\_\_\_\_

## References

Name/Phone \_\_\_\_\_

Name/Phone: \_\_\_\_\_

Have you ever been convicted of a crime? NO YES, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Swimming Background

Competitive Swimming? YES, how long? \_\_\_\_\_ Where? \_\_\_\_\_ NO

Lifeguard? YES, how long? \_\_\_\_\_ Where? \_\_\_\_\_ NO

CPR Certificate? YES NO

Teaching Experience? YES, how long? \_\_\_\_\_ Where? \_\_\_\_\_ NO

**Emergency Contact Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

If everything is correct, please sign and date.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**  
**Martha Burns Job Information**

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_