



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: \$ _____