

FMC SPORTSMANS CLUB LIFEGUARD APPLICATION FOR EMPLOYMENT - EMPLOYMENT APPLICATION 2019

| APPLICANT INFORMATION | | | | |
|---|----------------|-------------------|--|--------|
| Last Name | First | Mi.I | | Date |
| Street Address | | Apartment/Unit # | | |
| City | State | ZIP | | |
| Phone/ Cell | E-mail Address | | | |
| Date Available | | Departure Date | | |
| Date of Planned Vacation | | Desired Hours | | |
| Birth Date | | | | |
| Position Applied for | | | | |
| Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> Employer | | | | |
| Have you ever worked for this Club? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? | | | | |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain | | | | |
| CERTIFICATIONS | | | | |
| | Date Received | Expiration Date | Comments | |
| Red Cross or YMCA Lifeguard | | | | |
| First Aid | | | | |
| CPR | | | | |
| AED | | | | |
| Drivers License | | | | |
| EDUCATION | | | | |
| High School | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| REFERENCES | | | | |
| <i>Please list two professional references.</i> | | | | |
| Full Name | | Relationship | | |
| Address | | Phone () | | |
| Full Name | | Relationship | | |
| Address | | Phone () | | |

| PREVIOUS EMPLOYMENT | | | |
|---|-----------------|--------------------|------------------|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| EMERGENCY CONTACT INFORMATION | | | |
| Name | Relationship | Ph # | |
| Name | Relationship | Ph # | |
| Name | Relationship | Ph # | |
| PERSONAL INFORMATION – USE SPACE BELOW TO TELL US ABOUT YOURSELF | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| How did you learn about our Club? | | | |
| | | | |
| DISCLAIMER AND SIGNATURE | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | |
| Signature | | Date | |