

Jack Splash Swim School
Sartell, Minnesota
Application for Employment

www.jacksplashswimschool.com

Phone: 320.230.6633

Fax: 320.240.9481

Name: _____	E-mail address: _____
Address: _____	City: _____ Zip: _____
Previous Address: _____	City: _____ Zip: _____
Phone: _____	Alt. Phone: _____ Social Security #: _____

Position(s) Desired (circle): Swim Instructor Pool Manager Reception/Office Lifeguard Sales
How were you referred to us? _____
What date will you be available to begin work/training? _____
Availability (start time- finish time):
Mon _____ Tues _____ Wed _____ Thurs _____
Fri _____ Sat _____ Sun _____
How many hours per week would you like to work? _____
What age levels would you like to instruct? _____

Education:	School Name	Location (city/state)	Start/End Years	Graduate? (Y/N)
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Employment History (start with current position):

Position/Responsibilities	Company	Start/End Dates	Pay	Left Because:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

May we contact your current employer? Circle one: Yes No

Relevant Experience: Please list any training, skills, certifications (CPR/WSI/Lifeguard), past teaching experiences, work with children, or licenses.

Have you ever swum on a competitive team? Yes No

-If so, how many years did you participate? _____

-If not, can you swim the four competitive strokes? Yes No

Are you 18 years of age or older? Yes No

Have you ever been convicted of a felony? Yes No

Are you legally authorized to work in the United States? Yes No

References:

	Name	Company	Title	Telephone	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Application Acknowledgement:

I certify that the information in this application is accurate, current, and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination.

I authorize Jack Splash Swim School to investigate my employment history, credentials references, and criminal history to obtain any relevant information needed to make an employment decision. I hereby authorize my prior employers to release any and all information relating to my employment and I release Jack Splash Swim School and my previous employers from any and all liability that may result from the release and/or use of such information.

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between Jack Splash Swim School and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will", meaning that I have the right to terminate my employment at any time, and that Jack Splash Swim School will retain the same right.

Applicant's Signature _____ **Date** _____