



EMPLOYMENT APPLICATION

2015
v2.b

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

First Last Middle

DOB: _____

SSN#: _____

Address:

Street Apt # City, State Zip

Contact Information: () ()

Home Telephone

Cell Phone

Yes / No

Text (SMS)

Email Address: _____

How did you learn about our club?

POSITION(S) APPLIED

<p>Applied Locations: <input type="checkbox"/> Fremont, CA <input type="checkbox"/> Dublin, CA</p> <p>Position(s) applying for? <i>Please check all that apply:</i></p> <p><input type="checkbox"/> Swim Instructor/Coach <input type="checkbox"/> Lifeguard</p> <p><input type="checkbox"/> Front Desk /Customer Care <input type="checkbox"/> HR or Office Staff</p> <p><input type="checkbox"/> Aquatic Coordinator/Manager <input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Other: _____</p> <p>Date Available to Start: _____</p> <p>Future Unavailable Dates: _____</p>	<p>Employment type you are interested in?</p> <p>Regular Full-Time _____ (<input type="checkbox"/> Salary)</p> <p>Permanent Part-Time _____ (more than 6 months)</p> <p>Summer Only _____ (Jun-Aug)</p> <p>Other: _____</p> <p>Are you currently employed? _____</p> <p>Desired Pay: \$ _____ Hourly / Salary (circle one)</p> <p>Number of work hours per week preferred:</p> <p>Minimum _____ Maximum: _____</p>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days & Hours Available	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

EDUCATION

	Name and Location	Degree Progress	Major /Subjects of Study
High School			
College or University			
Specialized Training			
Other Education			

OTHER INFORMATION

Have you ever applied to or worked for Calphin before? Yes ___ No ___ If yes, when? _____

Any friends or relatives working at Calphin? Yes___, No___. If yes, name _____, Relationship: _____

Do you have reliable transportation to and from work? Yes___ No___

Are you authorized to work with proof? Yes___, No___. Are you at least 18 years old? Yes ___ No___

Are you physically able to perform the skills necessary to complete the duties of the job for which you are applying? Yes___ No___

Have you been ever convicted of a criminal offense (felony)? Yes___, No___

If yes, please explain: _____

Have you ever been fired from a job or asked to resign? Yes ___, No ___. If yes, please explain: _____

EXPERIENCES (Please list your three most recent and preferably related jobs)

Dates Employed	Company Name	Location	Role/Title	Reason for Leaving

REFERENCES (Please provide two professional and one personal reference)

Name	Title & Relation	Organization	Telephone Number	Email Address

Please list areas of your highest proficiency or special skills that may contribute to performing your applied position:

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CERTIFICATIONS

<input type="checkbox"/> Lifeguard:	Year & Organization of Certification _____	Current _____	Expired _____
<input type="checkbox"/> CPR / First Aid:	Year & Organization of Certification _____	Current _____	Expired _____
<input type="checkbox"/> WST / WSI:	Year & Organization of Certification _____	Current _____	Expired _____
<input type="checkbox"/> LGI / LGIT:	Year & Organization of Certification _____	Current _____	Expired _____
<input type="checkbox"/> Swim America:	Year & Organization of Certification _____	Current _____	Expired _____
<input type="checkbox"/> ASCA Level _____:	Year & Organization of Certification _____	Current _____	Expired _____
<input type="checkbox"/> AFO / CPO:	Year & Organization of Certification _____	Current _____	Expired _____
<input type="checkbox"/> _____:	Year & Organization of Certification _____	Current _____	Expired _____