

**PERSONAL INFORMATION**

**DATE OF APPLICATION:**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_  
                     First                                      Last                                      Middle

**Address:** \_\_\_\_\_  
   Street                                      Apt #                                      City,                                      State                                      Zip

**Contact Information:** \_\_\_\_\_ **Yes / No**  
   Cell Phone                                      Text (SMS)

**Email:** \_\_\_\_\_

*How did you hear about us?* \_\_\_\_\_

**POSITION(S) APPLIED**

<p><b>Applied Locations:</b>   <input type="checkbox"/> Fremont, CA   <input type="checkbox"/> Dublin, CA</p> <p><b>Position(s) applying for? Please check all that apply:</b></p> <p><input type="checkbox"/> Swim Instructor or Coach                      <input type="checkbox"/> Lifeguard (LG)</p> <p><input type="checkbox"/> Front Desk (FD) / Customer Care   <input type="checkbox"/> HR or Office</p> <p><input type="checkbox"/> Management   <input type="checkbox"/> Aquatic   <input type="checkbox"/> FD   <input type="checkbox"/> Marketing)</p> <p><input type="checkbox"/> Other Position: _____</p> <p>Date Available to Start: _____</p> <p>Near Future Get-away: _____</p>	<p><b>Employment Type You Are Interested In:</b></p> <p>Regular Full-Time _____ ( <input type="checkbox"/> Salary)</p> <p>Permanent Part-Time _____ (Over 6 months)</p> <p>Summer Only _____ (Jun-Aug)</p> <p>Other: _____</p> <p>Are you currently employed? _____</p> <p><b>Desired Pay:</b> \$ _____ Hourly ( <input type="checkbox"/> Annually)</p> <p>Number of Work Hours per Week Preferred:</p> <p>#Hrs/wk Min.: _____ Max.: _____</p>						
<b>Weekdays &amp; Hours Available</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	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			
Special Training			
Advanced Education			

## OTHER INFORMATION

Any Calphin employee who **referred** you? Yes \_\_, No \_\_. If yes, name \_\_\_\_\_, Relationship: \_\_\_\_\_

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

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, explain: \_\_\_\_\_

Have you ever been fired from a job or asked to resign? Yes \_\_, No \_\_. If yes, 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/CPR:	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 _____