



# The Irvington Club Aquatics Employment Application

## Personal Information

Name: \_\_\_\_\_ email address \_\_\_\_\_  
last first middle initial

Current Address: \_\_\_\_\_  
street city state

Permanent Address: \_\_\_\_\_  
street city state

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Referred by: \_\_\_\_\_

Please circle either no or yes for the questions below

Are you currently a legal citizen of the United States?    No            Yes

Have you ever been convicted of a crime, including sex-related or child abuse related offenses?

No    Yes    Please explain \_\_\_\_\_

## Employment Desired

Please circle the position(s) you're interested in:

Assistant Manager    Head Lifeguard    Lifeguard            Swim Instructor            Swim Team Coach

Are you current in your **Red Cross** certifications in lifeguarding and CPR/first aid, through September 2017?

No            Yes, expiration date: \_\_\_\_\_

Date you would be able to begin: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_            Salary desired: \$ \_\_\_\_\_ /hr

Are you currently employed?    No            Yes

May we contact your current employer?

If yes, \_\_\_\_\_  
name of business manager phone

Have you applied to work at the Irvington Club before?    No            Yes, when? \_\_\_\_\_

On what days/times would you be available to work?

Approx. shifts	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
AM 10:30-4:00							
PM 4:00-9:30							

Please continue on back

Can you foresee any specific dates between May 25th and September 24<sup>th</sup> 2017, when you will not be able to work?  
Please list:

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## Education

	Name/location	Years attended	Date graduated	Degree
High school				
College				
Other schooling				

\*The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

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## Former Employment

Dates	Name/location	Position	Salary	Reason for leaving
___/___ - ___/___				
___/___ - ___/___				
___/___ - ___/___				

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## References

Please provide us with the names of three persons, not related to you, whom you have known for at least one year, and are comfortable with us contacting.

Name	Relationship	Years known	Phone

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_

signature

\_\_\_\_\_

date