



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:

Aquatics Manager Head Lifeguard Lifeguard Swim Instructor Swim Coach Snack Bar Attendant

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

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 when you will not be able to work? Please list:

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.

Former Employment

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

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 |
|------|--------------|-------------|-------|
| | | | |
| | | | |
| | | | |

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