Chapel Valley Swim Club

Employment Application

Please print neatly and fill out all sections – using N/A if not applicable.

Applicant Information	Ap	plican	t Info	rmation
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Applicant Name	
(last, first, middle initial)	
Phone Number (c)	
Phone Number (h)	
Email Address	
Current Address	
DOB & Age	
Social Security Number	
Parent Name(s) (if	
minor)	
School/Grade	

Employment Positions

Position(s) applying for	Front Gate	Concession Stand	Lifeguard
What days/hours are you available to work?	Note if you are only available specific hours:		
	Mon	Fri	
	Tues	Sat	
	Wed	Sun	
	Thurs		
Date available to start			
Last available date			
Dates of planned			
unavailability due to			
vacation, etc.			

Personal Information:

Have you ever applied to or worked for Chapel Valley Swim Club before? () Y or () N	
If yes, please list positions and seasons:	

Have you had other previous employers? () Y or () N If yes, please complete:

Name of previous employer & address	Employment start date/end date	Position & responsibilities	Reason for leaving

Certification and Training

Certification/Training	Organization/Location	Date Completed
Lifeguard Training		
First Aid		
CPR/AED		
Other:		

Personal References

Aliquippa, PA 15001

Name	How you know person	Years known	Phone #	May we contact this person?

I certify that the information provided is true and correct to the best of my knowledge. I

understand that the submission of any false information or the omission of any requested information in connection with this application for employment may be cause for failure to hire or for immediate discharge should I/my minor child be employed by Chapel Valley Swim Club.			
Applicant's Signature	Date		
Parent's Signature (if applicant is a minor)	Date		
Contact us: chapelvalleypool@gmail.com			
Please mail completed employment application to:			
Chapel Valley Swim Club			
P.O. Box 1026 MacArthur Station			