

# Northwest Swim Club

## EMPLOYMENT APPLICATION

### 2017 Season

#### PERSONAL INFORMATION: (Please Print Clearly)

Name:		Date of Birth:    /    /	
Address:			
City		State:	Zip:
Phone: (    )	Cell Phone: (    )	Alt. Phone: (    )	
Social Security No:    -    -		E-mail Address:	

<b>Position Applying For:</b>
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**A COPY OF YOUR LIFEGUARD & CPR CERTIFICATION MUST ACCOMPANY THIS APPLICATION.  
PLEASE LIST EXPIRATION DATES BELOW.**

Lifeguard Training Certification Expiration:    /    /	CPR Certification Expiration:    /    /
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#### EDUCATION:

High School	Location/City/State	Years Attended	Date Graduated	Degree
College	Location/City/State	Years Attended	Date Graduated	Degree
Trade School-Other	Location/City/State	Years Attended	Date Graduated	Degree

<b>Summary of yours skills and qualifications:</b>

#### WORK AVAILABILITY:

Date available to start work	Last day of availability	Dates of unavailability due to vacation/conflicts

**PREVIOUS EMPLOYMENT: (most recent)**

Company:		Position:	
Phone Number:		Supervisor:	
Dates of Employment:		Reason for Leaving:	

Company:		Position:	
Phone Number:		Supervisor:	
Dates of Employment:		Reason for Leaving:	

**REFERENCES:**

Please furnish the names and contact information of two people to whom you are not related and by whom you have not been employed.

Name:	Address:	Phone Number:
1.		
2.		

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal information, employment, educational, financial, or medical history and other related matters as may be necessary **for an employment decision. I hereby release employers, schools, or persons from all** liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given on my application or interview(s) may result in my discharge.

Print Name (Applicant)	Date
Signature of Applicant:	

Parent Signature Required for Applicants Under 18 Years Old

Print Name (Parent)	Date
Signature of Parent:	

Return Application to:  
NWSC Board of Directors  
P.O. Box 4304  
Bethlehem, Pa 18018

<b>Date Received:</b>