

SHSC
Spring Hill Swim Club
Application for Employment

Name: Last _____ First _____ Middle _____
Address _____ City _____
St _____ Zip _____ Phone # _____ Cell # _____
E-mail _____
Birth date: Month _____ Day _____ Year _____
Social Security number: _____

EDUCATION:

Presently attending: _____
Will you be attending school this summer? _____ If yes where? _____

WORK SCHEDULE:

Position for which you are applying? _____
How many hours are you available to work? _____
Do you have a conflict working on holidays and /or weekends? YES/ NO
Dates available to work: Beginning date: _____ Ending date: _____

CERTIFICATION: If you have a current copy of your certification, please attach. We **MUST** have a copy of your current certification **BEFORE** you begin work.

References:

Please list references who either know you well or for who you have worked:

Name: _____ Phone # _____
Name: _____ Phone # _____

Emergency Information: Please list 2 names of people to notify in case of emergency.

Name: _____ Phone # _____
Name: _____ Phone # _____

Signature of Applicant _____ Date: _____