

KLAHANIE ASSOCIATION- EMPLOYMENT APPLICATION 2019**AQUATICS DEPARTMENT****Position Applying For:**
(Check all that apply)

- ☐ Lifeguard
- ☐ Senior Lifeguard
- ☐ Head Lifeguard
- ☐ Swim Instructor
- ☐ Swim Coach (Winter conditioning)
- ☐ Swim Lesson Coordinator

Date: _____

Name: _____

Last

First

MI

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____

Cell Phone: _____ Home: _____ SS#: _____

Certifications: *Please provide copies of all certifications.*

CERTIFICATION	AGENCY	EXPIRATION DATE
<input type="checkbox"/> Lifeguard Training		
<input type="checkbox"/> CPR /AED for Professional Rescuer or Lifeguard		
<input type="checkbox"/> Blood Bourne Pathogens		
<input type="checkbox"/> Lifeguard Instructor		
<input type="checkbox"/> Water Safety Instructor		
<input type="checkbox"/> First Aid		

Prior Work Experience

1.) Employer _____ Phone Number _____

Address _____

Position(s) _____ Dates of Employment _____

Supervisor _____ Phone Number _____ Reason for Leaving _____

Primary Responsibilities _____

2.) Employer _____ Phone Number _____

Address _____

Position(s) _____ Dates of Employment _____

Supervisor _____ Phone Number _____ Reason for Leaving _____

Primary Responsibilities _____

3.) Employer _____ Phone Number _____

Address _____

Position(s) _____ Dates of Employment _____

Supervisor _____ Phone Number _____ Reason for Leaving _____

KLAHANIE ASSOCIATION- EMPLOYMENT APPLICATION 2019
AQUATICS DEPARTMENT

Primary Responsibilities _____

Please list names and contact information of three references (no relatives). People who have supervised you in a work or educational setting are most appropriate.

1. Name _____ Phone Number _____ Relationship _____
Address _____
2. Name _____ Phone Number _____ Relationship _____
Address _____
3. Name _____ Phone Number _____ Relationship _____
Address _____

2019 Employment at Klahanie:

First Date Available _____

Last Date Available _____

What is your availability while in school?

School Ends: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What is your availability during the summer?

Date Return to School: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Ideally, how many hours per week would you like to work at Klahanie? _____

Are you interested in working for Klahanie after summer on the evenings/weekends? _____

The information I have provided in this application is true and accurate. I understand that giving false information on this application is grounds for immediate termination.

Signature: _____ Date: _____

For any questions on the application, please call the office at (425) 392-4663 or email pools@klahanie.com