



APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____

ADDRESS: _____

TEL: _____ CELL _____ EMAIL _____

D.O.B: _____ GENDER: _____

SWIMMING ABILITY:

NON SWIMMER: ☐ INTERMEDIATE SWIMMER: ☐ (CAN SWIM 50 METERS)

ADVANCED / COMPETATIVE SWIMMER: ☐

LIFEGUARD CERTIFICATION: (KINDLY ATTACH PHOTO COPY OF ALL CERTIFICATIONS)

RLSS CERTIFICATION: ☐ EXPIRATION DATE: _____

YMCA CERTIFICATION: ☐ EXPIRATION DATE: _____

N.E.P.A LISENCE ☐ EXPIRATION DATE: _____

FOOD HANDELERS PERMIT ☐ EXPIRATION DATE: _____

SCHOOL ATTENDED OR CURRENTLY ATTENDING: (KINDLY LIST MOST RECENT FIRST)

1. SCHOOL: _____ DATES ATTENDED: _____

CERTIFICATION RECEIVED: _____

2. SCHOOL: _____ DATES ATTENDED: _____

CERTIFICATION RECEIVED: _____

3. SCHOOL: _____ DATES ATTENDED: _____

CERTIFICATION RECEIVED: _____


COACHING / SWIM INSTRUCTOR CERTIFICATION:

1. COURSE: _____ DATES ATTENDED: _____

CERTIFICATION RECEIVED: _____

2. COURSE: _____ DATES ATTENDED: _____

CERTIFICATION RECEIVED: _____

PREVIOUS JOB EXPERIENCE:

(KINDLY LIST MOST RECENT FIRST)

1. PLACE OF EMPLOYMENT: _____

DATES OF EMPLOYMENT: _____

MAJOR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

2. PLACE OF EMPLOYMENT: _____

DATES OF EMPLOYMENT: _____

MAJOR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

3. PLACE OF EMPLOYMENT: _____

DATES OF EMPLOYMENT: _____

MAJOR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____



HOURS AVAILABLE FOR WORK:

THE POOL IS OPEN FROM 5 AM-9PM ON A DAILY BASIS PLEASE INDICATE YOUR PREFERRED WORKING HOURS

MONDAY: AVAILABLE: YES ☐ NO ☐

FROM _____ UNTIL _____

TUESDAY: AVAILABLE: YES ☐ NO ☐

FROM _____ UNTIL _____

WEDNESDAY: AVAILABLE: YES ☐ NO ☐

FROM _____ UNTIL _____

THURSDAY: AVAILABLE: YES ☐ NO ☐

FROM _____ UNTIL _____

FRIDAY: AVAILABLE: YES ☐ NO ☐

FROM _____ UNTIL _____

SATURDAY: AVAILABLE: YES ☐ NO ☐

FROM _____ UNTIL _____

SUNDAY: AVAILABLE: YES ☐ NO ☐

FROM _____ UNTIL _____

PLEASE CLEARLY STATE THE REASON YOU ARE APPLYING FOR A JOB WITH THE ASAJ:
