

Fairbrae Swim Club
Application for Employment
(Aquatics 2011 – Deadline to Submit is April 24th, 2011)

<u>Office Use Only</u>			
W4	<input type="checkbox"/>	CAL	<input type="checkbox"/>
WP	<input type="checkbox"/>	EML	<input type="checkbox"/>
CF	<input type="checkbox"/>	MTG	<input type="checkbox"/>
CR	<input type="checkbox"/>	UNI	<input type="checkbox"/>
Keys:			

Today's Date: _____

NAME: _____ Position(s) applied for: _____

Home Address: _____

City, State & Zip: _____

Phone #: _____ Cell # _____ email: _____

Emergency Contact: _____

Are you currently a member of Fairbrae: Y N

EDUCATION *(Junior High, High School, College, Present Classes)*

Name of Institution	Location	Dates	Major or Concentration
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE *(List all job in the past 3-5 years. Attach additional pages if necessary)*

Employer (Name of Company)	Dates Employed	Position	Duties
_____	_____	_____	_____
_____	_____	_____	_____

DATES & HOURS

When can you begin work? _____

When do you need to be completed with work? _____

Are you available to work at Spring-A-Board (June 5th) and the 4th of July holiday and weekend? _____

How many hours per week can you work? _____

How many hours per week do you want to work? _____

Do you have any upcoming conflicts of which you are aware? _____

(Examples: family vacation, camp, etc.)

If yes, please explain and include dates: _____

Are you available during the month of August? Y N

Are you available during the month of September? Y N

Are you interested in teaching swim lessons? (If yes, complete page 3) Y N

CERTIFICATIONS & QUALIFICATION

What certifications of qualifications do you have that would be valuable in this position? Please list all relevant certifications (Lifeguard Training, CPR, First Aid) and their expiration dates. Attach photocopies of your certifications (expired or not) to this form. If expired, or soon to expire, please explain when re-certification will take place.

CERTIFICATION:

EXPIRATION DATE:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

REFERENCES

Please list at least three personal references, with phone number, whom we may contact. Do not include relatives.

1. _____
2. _____
3. _____

OTHER

Is there anything else you would like us to know about you? Please attach additional pages if necessary.

I verify that all information contained on this application is accurate to the best of my knowledge.

Signed: _____ Date: _____

Supplemental Form For Swim Instructors

EXPERIENCE

Please list all prior experience with teaching swim lessons and working with children. Include ages and levels. Also include your own experience as a swimmer (swim teams, water polo, etc.). Attach additional pages if necessary.

GROUP LESSONS

Four sessions of group swim lessons, each two weeks long run mid June through early August. Lessons are taught Monday through Thursday from 10 AM to 12 PM.

Are you available most of the summer during which group lessons are taught? Y N
What ages and levels do you prefer to work with? _____

Are you WSI certified? (If yes, include photocopy of certification) Y N

PRIVATE LESSONS

Are you interested in teaching adult swim lessons? Y N

What ages/levels do you prefer to work with? _____

Do you have any experience working with special needs, including extreme fear of the water? Please explain. _____

What is your preferred method of contact? (Circle one) Cell Phone / Email