

Fairbrae Swim & Racquet Club

Application for Employment

(Aquatics 2012 – Deadline to Submit is Saturday April 14th, 2012)

OFFICE USE ONLY			
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:			

WRITE LEGIBLY*

Today's Date: _____

NAME: _____

Position(s) applied for: _____

Home Address: _____

City, State & Zip: _____

Phone #: _____ Cell #: _____

E-mail: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____

Are you currently a member of Fairbrae: Yes No

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

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:

- Spring-A-Board (Sunday, June 3rd): YES NO

- 4th of July holiday (Wednesday) and weekend (weekend before or after – TBA):
YES NO
- The months of August and/or September (circle month(s) that apply)

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? YES NO

(Examples: family vacation, camp, etc.)

If yes, please explain and include dates: _____

Are you interested in teaching swim lessons? (If yes, complete page 3) YES NO

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, and e-mails of whom we may contact. Do not include relatives.

Name	Phone Number	E-mail
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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

Please list 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? Yes No

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

Are you WSI certified? (If yes, include photocopy of certification) Yes No

PRIVATE LESSONS

Are you interested in teaching adult swim lessons? Yes No

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