

FAIRBRAE

SWIM AND RACQUET CLUB

OFFICE USE ONLY			
W4 CAL	WPEML	CFMTG	CRUNI
KEYS:			

2018 SUMMER JOB APPLICATION

(CIRCLE ALL POSITIONS APPLYING FOR)

LIFEGUARD

SWIM INSTRUCTOR

GATE GUARD

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

DATE OF BIRTH (MM/DD/YYYY): ____/____/____ AGE: ____ GENDER: ____
 (MINIMUM AGE AS OF MAY 1ST - GATEGUARDS: 14 YEARS OLD | SWIM INSTRUCTORS AND LIFEGUARDS: 15 YEARS OLD)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL NUMBER: (____) ____ - _____ HOME NUMBER: (____) ____ - _____

EMAIL: _____

CURRENT FAIRBRAE MEMBER (CIRCLE ONE): YES NO

RETURNING FAIRBRAE EMPLOYEE (CIRCLE ONE): YES NO

EMERGENCY CONTACT INFORMATION

CONTACT 1 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: (____) ____ - _____

CONTACT 2 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: (____) ____ - _____

CERTIFICATIONS & QUALIFICATIONS

Please list all current/expired certifications (Lifeguard Training, CPR, First Aid/AED, etc.) that you currently hold, as well as any other professional qualifications that are relevant to your position you are applying for. Additionally, please list the expiration date for each certification/qualification.

If you are expired, or planning to renew, please list the scheduled renewal date.

CERTIFICATION/QUALIFICATION:	EXPIRATION DATE:	RENEWAL DATE:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ATTACH PHOTOCOPIES OF ALL CERTIFICATIONS TO THIS APPLICATION

PREVIOUS WORK EXPERIENCE

Please list all jobs in the past 3-5 years. Attach additional pages if necessary.

EMPLOYER (NAME OF COMPANY)	DATES EMPLOYED	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES

Please provide three professional references whom we may contact to gather more information regarding your employment. Do not include relatives.

REFERENCE 1 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: (____) ____ - _____

REFERENCE 2 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: (____) ____ - _____

REFERENCE 3 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: (____) ____ - _____

PLEASE INCLUDE A COVER LETTER WITH YOUR APPLICATION

SCHEDULING AVAILABILITY (LIFEGUARDS AND GATE GUARDS ONLY)

Your listed schedule availability will be used to determine your work schedule over the summer. Failure to comply with your listed availability will affect your future shift assignments, and repeated offences will affect your employment.

Please fill out the following section to the best of your ability. Please notify your supervisor as soon as possible if there are any changes to your availability.

SUMMER 2018 FAIRBRAE WORK SEASON: JUNE 3RD – SEPTEMBER 30TH

START DATE OF WORK AVAILABILITY: _____

END DATE OF WORK AVAILABILITY: _____

AVAILABLE WORK DAYS

(CIRCLE ALL DAYS OF THE WEEK YOU ARE AVAILABLE)

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

MAXIMUM WORK DAYS A WEEK: _____ DESIRED WORK DAYS A WEEK: _____

MAXIMUM WORK HOURS A DAY: _____ DESIRED WORK HOURS A WEEK: _____

PLEASE CROSS OUT ANY DAYS WITH SCHEDULE CONFLICTS YOU ARE AWARE OF:
 (i.e.: family vacations, summer camps, other jobs, etc.)

2018 JUNE

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

2018 JULY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2018 AUGUST

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

2018 SEPTEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

ARE YOU AVAILABLE TO WORK WEEKENDS IN SEPTEMBER (CIRCLE ONE): YES NO

ARE YOU WILLING TO WORK SUNDAY BBQS (CIRCLE ONE): YES NO

ARE YOU WILLING TO WORK THE FOLLOWING MAJOR PARTIES (CIRCLE ALL THAT APPLY):

SPRING-A-BOARD
 (JUNE 3RD)

4TH OF JULY
 (JULY 4TH)

LABOR DAY
 (SEPTEMBER 2ND)

ADDITIONAL SCHEDULING INFORMATION:

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

 APPLICANT SIGNATURE

 DATE