

# FAIRBRAE

SWIM AND RACQUET CLUB

<b>OFFICE USE ONLY</b>			
FW-4	WPEML	I-9	CERTS
KEYS:			

## 2019 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 1<sup>ST</sup> - 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.

<b>CERTIFICATION/QUALIFICATION:</b>	<b>EXPIRATION DATE:</b>	<b>RENEWAL DATE:</b>
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.

<b>EMPLOYER (NAME OF COMPANY)</b>	<b>DATES EMPLOYED</b>	<b>POSITION</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 2019 FAIRBRAE WORK SEASON: JUNE 1<sup>ST</sup> – SEPTEMBER 30<sup>TH</sup>**

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.)

**June 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						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						

**July 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	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			

**August 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				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

**September 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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 2<sup>ND</sup>)

4<sup>TH</sup> OF JULY  
(JULY 4<sup>TH</sup>)

LABOR DAY  
(SEPTEMBER 1<sup>ST</sup>)

ADDITIONAL SCHEDULING INFORMATION:

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

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

**STATEMENT AND ACKNOWLEDGEMENT OF AT-WILL EMPLOYMENT  
FAIRBRAE SWIM AND RACQUET CLUB**

California is an "At-Will" employment state. As an employee of Fairbrae Swim and Racquet Club, your employment will be and will continue to be "At-Will." This means that during the course of employment with Fairbrae, employees are free to terminate their employment with Fairbrae at any time, with or without a reason, and Fairbrae has the right to terminate employees at any time, with or without a reason. Although Fairbrae may choose to terminate an employee for cause, cause is not required.

No one other than the vote of the Board of Directors of Fairbrae Swim and Racquet Club has the authority to alter this "At-Will" employment arrangement, to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to this "At-Will" arrangement. Furthermore, any such agreement must be in writing and must be signed by the President of the Board of Directors.

By signing in the space provided below, you hereby acknowledge that you have been given a copy of Fairbrae's Statement and Acknowledgement of At-Will Employment, that you have read the statement and that you understand its contents, and that you further understand that the statement supersedes any and all previous agreements, policies, practices or guidelines, whether oral or written.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WRITTEN NAME

NOTE TO EMPLOYEE: The original of this form will go into your personnel file.