

Office Use Only

HR _____ Date _____

Supv. _____ Date _____

Supv. _____ Date _____

Supv. _____ Date _____



**Image provided courtesy of American Red Cross*

Annette's Swim School, LLC

(Herein described as **A.S.S.**)

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal, or local law. It is the intent of the **A.S.S.** to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests,
please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Primary Telephone #	Social Security and Birthdate
ADDRESS: Street Number and Name, City, State Zip		Number of years at present address?
PREVIOUS ADDRESS: Street Number and Name, City, State Zip		Number of years at previous address?
EMERGENCY CONTACT Information: Name: Phone Number: Contact's Relationship to You:	ALTERNATE Contact: Name: Phone Number: Contact's Relationship to You:	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If hired, can you provide proof that you are of legal age? <input type="checkbox"/> YES <input type="checkbox"/> NO		If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		

If you are applying for a specific position, please refer to the appropriate job description. Are you able to perform all of these tasks without an accommodation? YES NO

Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:

EMPLOYMENT DESIRED

Type of POSITION desired:		Date Available	Salary Desired			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Please indicate hours available below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO						
How were you referred to A.S.S. : <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral: Name of Employee: _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Internet <input type="checkbox"/> Other (please specify below) _____						

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To		Graduate? (Yes/No)	What Degree	Major Subject/Total Hours (if applicable)
High School					
College/University					
College/University					
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate					Overall College Scholastic Average
Professional memberships, certifications or licenses held. Please write the date you received your certification in the appropriate box below and supplement this information by written attachment if applicable.					
<input type="checkbox"/> Aquatic Certifications (please attach copy of certifications): _____ Lifeguard _____ WSI		<input type="checkbox"/> First Aid & CPR _____ F.A. & CPR		<input type="checkbox"/> Computer Skills <input type="checkbox"/> Jackrabbit software <input type="checkbox"/> Other special skills:	

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			
Company Name		Phone No. *Include area code	Dates of Employment From (Mo/Yr) – To (Mo/Yr)
Address (Include Street, City, State Zip Code)			
Job Title (Start)	Job Title (Final)	Starting Salary	Final Salary
Supervisor (Name & Title)		Reason For Leaving	
Description of Job Duties			
PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			
Company Name		Phone No. *Include area code	Dates of Employment From (Mo/Yr) – To (Mo/Yr)
Address (Include Street, City, State Zip Code)			
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Address (Include Street, City, State Zip Code)			
Job Title (Start)	Job Title (Final)	Starting Salary	Final Salary
Supervisor (Name & Title)		Reason For Leaving	
Description of Job Duties			

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone
1.			
2.			
3.			

PRE-EMPLOYMENT CERTIFICATION

I understand and agree that **A.S.S.** shall administer background checks on new employees having sensitive positions including but not limited to those positions which handle cash and positions that have an occasion to be alone with children. I understand and agree that employment is conditional upon the results of these checks

_____ Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize **A.S.S.** to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

_____ Initial

If employed by **A.S.S.** I will abide by **A.S.S.** policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

_____ Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at **A.S.S.**'S expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

_____ Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by **A.S.S.** I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by **A.S.S.** storage areas provided for me (locker, desk, etc.) are open to investigation by **A.S.S.** without prior notice to me.

_____ Initial

If I am employed by **A.S.S.** I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of **A.S.S.** or myself. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties intent concerning the nature of any employment relationship between myself and **A.S.S.**

_____ Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and **A.S.S. concerning the nature of my employment, if any, by **A.S.S.** and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and **A.S.S.****

Applicant Signature

Date of Application

AFFIRMATIVE ACTION FORM

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Sex: Male Female

Race/Ethnicity

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American – A person having origins in any of the Black racial groups of Africa, Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Hispanic or Latino (All Races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

Hispanic or Latino (White Race only) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race

Hispanic or Latino (All Other Races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White

Race Missing or Unknown – Applies to **applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant

Veteran: _____
