



Employment Application

Personal Information

Name (Last)	(First)	Middle	Date
Home Address		City	State Zip
Home Phone ()	Alternate Phone ()	Email Address	
Are you under the age of 18? ____Yes ____No		If yes, please state your date of birth _____	
Social Security # _____		Driver's License # _____	
Position Desired _____		Pay Desired _____	
Date you can start: _____		____Full time ____Part Time ____Summer Only	

Vacation Dates: _____

Days and Hours Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you physically able to perform the skills necessary to complete the duties of the job for which you are applying? Yes No

If no, explain:

Have you ever been fired from a job or asked to resign? Yes No

If yes, explain _____



Employment History

List employment with the most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

Dates		Name and address of employer		Position & Duties	Reason for Leaving
From:	Name	Phone		Your Job Title	
To	Address	City/State	Zip	Duties	Supervisor Name
From:	Name	Phone		Your Job Title	
To	Address	City/State	Zip	Duties	Supervisor Name
From:	Name	Phone		Your Job Title	
To	Address	City/State	Zip	Duties	Supervisor Name

May we contact your current employer ___Yes ___No May we contact your past employers ___Yes ___No

Education

Type of School	Name and Location of School		Degree/ Area of Study	Number of years attended	Graduated Circle one
Highschool	Name	City			Yes No
College	Name	City			Yes No
Graduate School	Name	City			Yes No
Other	Name	City			Yes No



Honors Received/ Athletic Achievements/ School Clubs

Please list any athletic, academic, or civic activities which may be appropriate to the position you are applying: (exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age disability or other protected status)

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Special Activities/Certifications

Which of the following certifications do you have:

Lifeguard	Date on card:	WSI	Date on card:
CPR	Date on card:	First Aid	Date on card:
Other			Date on card:
Other			Date on card:

Professional References (May not list relatives)

Name	Address	Years Known	Title	Work #



An Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

I fully understand that Beard Swim Co. may be requesting information from public and private sources about any of the information noted earlier in this application; I freely give my consent for Beard Swim Co. to do so.

I hereby authorize Beard Swim Co. to contact my present employer for employment verification and/or references.

I certify that all information provided in this Application for Employment is accurate and complete. I understand that any false or misleading information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any and all statements contained in this application.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE OF EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME. I ALSO UNDERSTAND THAT ANY SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE DULY AUTHORIZED REPRESENTATIVE OF THE EMPLOYER AND THE EMPLOYEE, IF EMPLOYED.

I hereby release and hold Beard Swim Co. from any and all claims whatsoever, including but not limited to: personal injury, arising out of or relating to any non-work hour and/or non-work related recreational activity provided to employee by or on behalf of Beard Swim Co. I further understand and agree that if employed, the employment will be "at will," which means that the employee or Beard Swim Co., may end the employment relationship at any time, for any reason, or for no reason.

I have read, understand, and consent to these statements.

Applicant's Name Printed: _____

Applicant's Signature: _____ **Date Signed:** _____