

# Holiday Swim Club

## Employment Application

### GENERAL INFORMATION:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ DOB: \_\_\_\_\_  
Are you (or family) a member of the Holiday Swim Club? Y/N

### POSITIONS(S) APPLYING FOR: (check all that apply)

- Pool Manager
- Lifeguard
- Coach
- Swim Instructor

### WORK EXPERIENCE:

Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

### REFERENCES:

Please list two references not related to you that are familiar with your character and work ethic. (i.e. teacher, coach, mentor, previous employer)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**CERTIFICATIONS:**

Please include copies of certification where applicable

Lifeguard-

Certifying Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Date of Completion: \_\_\_\_\_  
Training Location: \_\_\_\_\_

Swim Instructor-

Certifying Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Date of Completion: \_\_\_\_\_  
Training Location: \_\_\_\_\_

CPR-

Certifying Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Date of Completion: \_\_\_\_\_  
Training Location: \_\_\_\_\_

First Aid-

Certifying Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Date of Completion: \_\_\_\_\_  
Training Location: \_\_\_\_\_

\*\* If you are not current in any of the above certifications, please list any upcoming classes you are signed up for and the anticipated completion date.

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**TIME OFF REQUESTS:**

Please list any know vacation times for which you would like to be considered. The dates listed below are not guaranteed and will be reviewed/approved once staffing is finalized.

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Lifeguard Availability-

Beginning of Summer: (choose one)

I am available BEFORE summer break

I am available AFTER school is out

End of Summer: (choose one)

I am available UNTIL school starts

I am available AFTER school starts

Swim Lesson Instructor Availability-

Indicate below which sessions you are committing to work:

Session 1      June 17 – June 28

Session 2      July 1 – July 12

Session 3      July 15 – July 26

Session 4      July 29 – August 9

Session 5      August 12 – August 23

PARENT/GUARDIAN SIGNATURE FOR TIME OFF REQUESTS: (minor only)

I have reviewed my child’s requested time off dates and their commitment to work the above swim lesson sessions. I understand that time off will not be granted for lesson sessions for which they are hired.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENTS:** Please read carefully and initial.

- I acknowledge that my employment with Holiday Swim Club will be ‘at-will’ and that either Holiday Swim Club or I reserve the right to terminate employment at any time, with or without cause.
- I understand that the Holiday Swim Club is open 7 days a week including holidays. I agree to work my scheduled hours, including those that fall on holidays once the schedule is posted unless a time off request or prior shift replacement has been approved by the Pool Manager in writing.
- I authorize the Holiday Swim Club to contact my previous employer and/or references regarding my previous employer and/or character. I also authorize the Holiday Swim Club to release information regarding my job performance to prospective employers, unless otherwise states.

I agree to the above acknowledgements: \_\_\_\_ (initial)

**AGREEMENT:** I hereby affirm that the information I have provided in the application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applications may be accepted by any member of the Holiday Swim Club Executive Team or mailed to:

Holiday Swim Club  
PO Box 20091  
Keizer, OR 97307