



WILLOWOOD SWIM CLUB, INC.
Employment Application

Please print clearly.

Name: Last First M.I. SSN:

Address: Street City State Zip

Phone: Cell Email:

Position Applying For:

1st Choice: 2nd Choice:

Qualifications for position: (i.e. Lifeguard, CPR, First Aid)

Certificate

Expiration Date

Blank lines for certificate and expiration date

Full- or Part-Time: # of Desired Hours/Week:

Date you can begin work:

Are you able to work through Labor Day? If "NO", please give departure date.

What is your personal swimming experience?

What do you consider to be your strengths as a LG?

List any summer commitments (include dates) that would alter your schedule. (i.e. vacations, camps, school/classes, return to school, etc.)

Blank lines for summer commitments

Education

Table with 5 columns: School, Location, Dates Attended (From, To), Graduate

