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| **Mountain Springs Swim Club**  Application for Employment  (**DIRECTIONS**: Fill out form and e-mail to [mtspringspool@gmail.com](mailto:mtspringspool@gmail.com) along with any other relevant information or your resume. **Include** copies of applicable certifications earned; *HEADS UP Concussion Training Certificate, Current Lifeguard Training/Safety Training, CPR/AED, Standard First Aid certification; USAS Coaching Certification/ASCA Level 2 (or higher), Water Safety Instructor Certification*.) Training is available. Questions? [mtspringspool@gmail.com](mailto:mtspringspool@gmail.com) |  |



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| **Number each position for which you are applying by priority of interest. (Mark your first choice with ‘1’, second choice with ‘2’, etc. if applicable.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_ Pool Manager | | | | | | | | | | | | \_\_\_\_ Lifeguard | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_ Assistant Pool Manager | | | | | | | | | | | | \_\_\_\_ Lifeguard (substitute) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | | | First |  | | | | | | | | | | | M.I. | | | | | | | | Birthdate | |  | | | | |
| Street Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment # | | | | | |  | | | |
| City | |  | | | | | | | | | | | | | | | State | | |  | | | | | | | | | | | ZIP | | | | |  | | | | |
| Phone | |  | | | | | | | | | | | | | | | E-mail Address | | | |  | | | | | | | | | | | | | | | | | | | |
| Mobile Phone | |  | | | | | | | | | | | Social Security No. | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | YES | | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | YES | NO |
| Have you ever worked for Mt. Springs Swim Club? | | | | | | | | | | | | | YES | | | NO | | | | If so, when? | | | |  | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | YES | | | NO | | | | If yes, explain | | | |  | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **High School** | |  | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | To | |  | | Did you graduate? | | | | | | YES | | | | NO | | | Degree | | | | | | |  | | | | | | | | | | |
| **College** | |  | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | To | |  | | Did you graduate? | | | | | | YES | | | | NO | | | Degree | | | | | | |  | | | | | | | | | | |
| **Other** | |  | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | To | |  | | Did you graduate? | | | | | | YES | | | | NO | | | Degree | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | |
| Company | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | |
| Address & e-mail | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | |
| Company | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | |
| Address & e-mail | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | |
| Company | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | |
| Address & e-mail | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization** | | |  | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | |
| Supervisor | | |  | | | | | | | | | | | | | | | | | | | Email | | | | | | | |  | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | Starting Salary/hourly rate | | | | $ | | | | | | | | | | Ending Salary/hourly rate | | | | | | $ | | |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To | |  | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | | | |
| **Organization** | | |  | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | |
| Supervisor | | |  | | | | | | | | | | | | | | | | | | | Email | | | | | | | |  | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | Starting Salary/hourly rate | | | | $ | | | | | | | | | | Ending Salary/hourly rate | | | | | | $ | | |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To | |  | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | | | |
| **Organization** | | |  | | | | | | | | | | | | | | | | | | | Phone | | | | | | |  | | | | | | | | | | | |
| Supervisor | | |  | | | | | | | | | | | | | | | | | | | Email | | | | | | | |  | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | Starting Salary/hourly rate | | | | $ | | | | | | | | | | Ending Salary/hourly rate | | | | | | $ | | |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To | |  | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | | | |
| 1. Earlies date you will be available to work: 2. Last date you will be available to work: 3. How many hours a week are you willing to work? 4. Are you available to work any weekends in September? 5. List and explain dates, days & times you will not be able to work this summer. 6. List other activities you will be involved with during this summer. 7. What do you consider to be the primary responsibilities of the position for which you are applying? 8. Have you ever had experience in construction, landscaping, maintenance (pool or otherwise), childcare, swimming instruction,   Please provide details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **COURSE** | | **Date Taken** | **Place Taken** | **Instructor** | **Expiration Date** |  |  |  | | ARC Lifeguard Training |  |  |  |  | | | | | | ARC Standard First Aid |  |  |  |  | | | | | | ARC Adult CPR/AED |  |  |  |  | | | | | | ARC WSI |  |  |  |  | | | | | | ARC Lifeguard Instructor |  |  |  |  | | | | | | Certified Pool Operator |  |  |  |  | | | | | | Heads UP concussion Training |  |  |  |  | | | | | | Other |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copies of all certificates must accompany this application. If not yet completed or expired, copies must be provided prior to the first day of work. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By my signature (digital or handwritten) below, I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  I understand the minimum certification requirements for the job and will always maintain current certifications on file with the club.  I understand the appropriate job descriptions and responsibilities (reference Mt. Springs Swim Club Operations Handbook on the webpage).  I understand the member/visitor safety, prevention of accidents, cleanliness, and a professional and positive atmosphere at Mt. Springs Pool is paramount.  I have read and understand and will enforce the Mt. Springs Swim Club pool rules (reference Mt. Springs Swim Club Rules on the webpage).  I agree to participate in mandatory staff training sessions and staff meetings prior to the pool opening and throughout the pool season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | |  | | | | |
|  | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | |