

Mountain View Swim Club, Inc.

7501 Manor Dr. P.O Box 6111, Harrisburg PA 17112 ph. 652-9763

<http://mountainviewswimclub.com/>

APPLICATION FOR EMPLOYMENT

Today's Date: ___/___/___ Birthdate: ___/___/___

Social Security #: _____

Name(last,first): _____

Permanent Address: _____

Mailing Address(if different): _____

Home Phone:(___) _____

Work/Cell Phone:(___) _____

Position Desired: ___ Head Lifeguard ___ Lifeguard ___ Concession

******If applying for lifeguard position(s), please include copies of the following:**

**Lifeguarding certification
CPR for the Professional Rescuer certification**

Employment Sought: *Hours per week

___ Full-time(30-40) ___ Part-time(15-30) ___ As Needed, Emergency Basis(0-15)

Days/Hours Unavailable to work: ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___ Sun

Hours: _____

Are you willing to work late hours for special events? ___ Yes ___ No

Are You Currently Employed?

___ Full-time ___ Part-time

With Whom?: _____

Have you ever been employed by Mountain View Swim Club, Inc.?

Yes No

If yes, when? _____

If you were previously employed by Mt. View Swim Club, Inc., what new skills have you acquired?

Have you ever been dismissed or forced to resign from any employment?

Yes No

If yes, please explain. _____

Have you ever been convicted of a felony crime or theft-related misdemeanor?

Yes No

If yes, please explain

Why are you interested in Mt. View Swim Club, Inc?

List any and all school and extracurricular activities that you might be involved in prior to the first day of school at the end of the summer that could impact your availability to work in August and September.
(Soccer / Football / Band / Travel Team / Camps / Practice / Games)

Previous Employment---List most recent first

Include volunteer work

Name of Co. _____
Address _____
Phone _____
Supervisor _____
Dates Employed _____
JobTitle/ Responsibilities _____

May we contact this employer? ____ Yes ____ No
Reason for leaving: _____

Name of Co. _____
Address _____
Phone _____
Supervisor _____
Dates Employed _____
JobTitle/ Responsibilities _____

May we contact this employer? ____ Yes ____ No
Reason for leaving: _____

Name of Co. _____
Address _____
Phone _____
Supervisor _____
Dates Employed _____
JobTitle/ Responsibilities _____

May we contact this employer? ____ Yes ____ No
Reason for leaving: _____

List the names of any organizations of which you are a member:

Education

School Name _____
Phone Number _____
Years Completed _____
Degree/Diploma Earned __ Yes __ No

References**#1**

Name _____
Address _____
Phone _____
Yrs. Acquainted _____

#2

Name _____
Address _____
Phone _____
Yrs. Acquainted _____

#3

Name _____
Address _____
Phone _____
Yrs. Acquainted _____

I certify that the answers I have given in this application are true and accurate to the best of my knowledge and I understand that any false or misleading answers or any omission or concealment of facts will disqualify me from consideration for employment or will be grounds for my immediate discharge.

I certify that I have read the above, understand it and agree to it.

X _____
Signature (do not print)

Date: _____