MARSHALL
COMMUNITY POOL

APPLICATION FOR EMPLOYMENT

Personal

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Mobile Phone: _____ Email Address: _____

Are you legally eligible for employment in the US? ☐ Yes ☐ No

When will you be available to begin work? _____ Will you work overtime if asked? ☐ Yes ☐ No

Do you hold a valid driver's license? ☐ Yes ☐ No Have you ever been convicted of a felony? ☐ Yes ☐ No

If selected for employment are you willing to submit to a pre-employment drug screening test? ☐ Yes ☐ No

Education

	School Name	Location	Years Completed	Degree Received	Major
Coll.					
High					
Other					

Qualifications

The pool manager will set up your certification at your expense.
If still employed at the end of the season you will be reimbursed.

Qualification Title	Institution/Training provider	Year Completed

Other Information

Please provide any other information that you identify as being pertinent to this application. (e.g. medical conditions, disabilities, etc) _____

_____

Previous & Current Employment

1

Employer: _____ Dates Employed: ___ / ___ / ___ to ___ / ___ / ___

Work Phone: _____ Address: _____

Supervisors Name and Title: _____

Job Title and Duties Performed: _____

Reason for Leaving? _____

2

Employer: _____ Dates Employed: ___ / ___ / ___ to ___ / ___ / ___

Work Phone: _____ Address: _____

Supervisors Name and Title: _____

Job Title and Duties Performed: _____

Reason for Leaving? _____

May we contact the employers listed above? ☐ Yes ☐ No

Summer Schedule

Days you are unavailable to work: sports, vacation, camps, other employment. Please include the last day you can work. You must work a minimum of 4 days a week.

_____

_____

_____

References

Must provide at least one teacher

Name	Title	Company	Phone

Acknowledgement & Authorization

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed , any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: _____ Signature: _____