APPLICATION FOR EMPLOYMENT – SUMMER

Please complete the application entirely. In order to be considered for employment, all sections must be completed and application must be signed and dated. Applications may be returned by email: PeterBoyer2004@yahoo.com or by mail to: Arundel Swim Club P.O. Box 5024 Wilmington, DE 19808

I. APPLICANT INFORMATION

First Name	Last Name
Street Address	
State Zip Code	Email
Home Phone	
Birth Date	Age as of May 1, 2018
	relation and number)
Emergency Contact Information (Name, 1	relation and number)
(front and back of Certification).	f your Lifeguard, CPR and First Aid Certifications s, please note the expected completion date:
III. WORK AVAILABILITY	Full Time: Part Time:
• •	eduling. Please take into consideration return dates to ol or vacations, camps, sports practices, etc. This is its at the beginning and end of the season.
IV. EDUCATION	
Institution:	Highest Year/Grade Attained:
Diploma or Degree Received:	Still attending:

V. PREVIOUS EMPLOYMENT (most recent to oldest) Employer: Position: Dates of Employment: ______ Reason for Leaving: _____ Employer: _____ Position:____ Dates of Employment: ______ Reason for Leaving: _____ VI. REFERENCES Personal Reference, Not a relative Name: _____ Relationship: ____ Contact Information including email and phone number: Professional Reference, Previous employer or volunteer supervisor Name: _____ Relationship: ____ Contact Information including email and phone number: Teacher Reference (If in high school or graduated this year) Name: ____ Relationship: ____ Contact Information including email and phone number: VII. APPLICANT STATEMENT I confirm that all the information I have provided herein is true, correct and accurate to the best of my knowledge, information and belief.