

**EMPLOYMENT APPLICATION**  
**Northwest Swim Club**

Date rec'd: \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_

**Certification Expiration Dates (if applicable):**

LGT \_\_\_\_\_ CPR \_\_\_\_\_ WSI \_\_\_\_\_ AFO/CPO \_\_\_\_\_

**Education:**

High School \_\_\_\_\_ Location \_\_\_\_\_

Years Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_

Years Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_

Years Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_ Degree \_\_\_\_\_

**Summarize your special skills or qualifications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Availability:**

Date Available to Start Work : \_\_\_\_\_

Probable Last Day Available to Work: \_\_\_\_\_

Vacation Dates or Other Conflicts to Your Schedule Between the Above Dates:

\_\_\_\_\_

**Previous Employment: (most recent)**

Firm \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



Firm \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



Firm \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



**References:**

Please furnish the names and contact information of two people to whom you are not related and by whom you have not been employed.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if under 18) \_\_\_\_\_

Return Application to:  
Northwest Swim Club  
PO Box 20015  
Columbus, OH 43220  
Email: [qward@nswimclub.org](mailto:qward@nswimclub.org)