

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

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

**Personal Information:**

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

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

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

Phone (text capable): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

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

LGI \_\_\_\_\_ 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:**

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**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:

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**Previous Employment: (most recent)**

Firm _____	Position _____
Phone _____	Supervisor _____
Dates of Employment _____	Reason for Leaving _____
<del>Firm _____</del>	<del>Position _____</del>
Phone _____	Supervisor _____
Dates of Employment _____	Reason for Leaving _____
<del>Firm _____</del>	<del>Position _____</del>
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 _____	Address _____
Address _____	_____
_____	Phone _____
Phone _____	
Name _____	

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 applications to:**  
**[generalmanager@nswimclub.org](mailto:generalmanager@nswimclub.org) or**  
**Northwest Swim Club**  
**Attn: Dave Shepherd**

**PO Box 20015**  
**Columbus, OH 43220**