

EMPLOYMENT APPLICATION

(Please complete as full as possible!)

Position applying for (circle one): LIFEGUARD and/or CONCESSION STAND

PERSONAL INFORMATION

Full Name - _____
 Preferred Name - _____
 Address - Street - _____
 City - _____ State - _____ Zip - _____
 Social Security Number - _____ - _____ - _____
 Telephone Number - Home - (_____) _____ - _____
 Cell - (_____) _____ - _____
 E-Mail Address - _____

IMPORTANT

Will you be at least 16* years old by May 31, 2011? YES or NO (***circle one***)

*If you will be under the age of 16 on May 1, 2011 you are required by law to have a completed *Work Permit*. Work permit applications may be picked up from your high school guidance department.

EDUCATION

High School - _____
 ~ Year Completed - 9 10 11 12 Graduated? - YES / NO* - *If NO, Year Expected _____
 ~ GPA - _____

College* - _____
 ~ Year Completed - 1 2 3 4 5 Graduated? - YES / NO* - *If NO, Year Expected _____
 ~ GPA - _____ Major - _____

List extracurricular activities or sports that you participated in during high school or college as well as any awards or honors you may have received.

MAIL your completed application to the following address:
 Drew Ponder 708 Keswick Rd. Colonial Heights, VA 23834

EMERGENCY CONTACT INFORMATION

Full Name - _____ Relation - _____

Phone Numbers - Home - (_____) _____ - _____ Cell - (_____) _____ - _____

- Work - (_____) _____ - _____

Do you have a history of medical conditions? *NO / YES (please explain):*

EMPLOYMENT HISTORY

1) Most Recent Employer - _____

Employer Address - _____

Employer Phone Number - _____

Contact Name - _____

May We Contact This Employer? - _____

Position Held - _____

Responsibilities of Your Position - _____

Start Date - _____ End Date - _____ Salary: Starting - _____ Ending - _____

Reason for Leaving - _____

2) Most Recent Employer - _____

Employer Address - _____

Employer Phone Number - _____

Contact Name - _____

May We Contact This Employer? - _____

Position Held - _____

Responsibilities of Your Position - _____

Start Date - _____ End Date - _____ Salary: Starting - _____ Ending - _____

Reason for Leaving - _____

CERTIFICATIONS

ISSUED BY:

EXPIRES:

~ Lifeguard Training & First Aid (*required*) _____

~ CPR/AED for Professional Rescuer (*required*) _____

SIGNATURE

By signing below and submitting this application I acknowledge that any statements made on this application found to be false may immediately disqualify me from employment and/or result in my immediate termination from Colonial Heights Swim & Yacht Club. I also understand that I am applying for a seasonal position and that the term of employment shall be for the summer months only. Therefore, I agree that I will not file for unemployment benefits when the swim season ends. I understand that any information gathered from this application or by contacting people or companies listed on this application, shall be held in strict confidence by SYC and shall only be released upon my written consent.

Signature: _____

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