

APPLICATION FOR EMPLOYMENT



www.swimamericadavis.com
2121 Second Street
(530) 759-1214

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Name (first, middle, last) _____

Permanent Mailing Address _____

City _____ State _____ ZIP _____

Email _____ Home phone _____ Cell phone _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____ Hours per week? _____

What is your availability? Please indicate specific hours.
(You will be asked to update this information on a quarterly basis or as needed.)

Monday _____ Thurs _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No If yes, please describe conditions (use back of form if necessary).

What interests you about this position?

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____

Lifeguard, CPR or First Aid Certified? _____ Expires _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

Employment History (Start with most recent employer. Attach additional information if necessary.)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____

Date _____