

Application for Employment

Willow Glen Homeowner Association
Encore I Pool

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

LAST

FIRST

MIDDLE

PERSONAL INFORMATION

NAME (LAST NAME, FIRST)			SOCIAL SECURITY NUMBER		
ADDRESS		APT NO	CITY	STATE	ZIP
EMAIL		MOBILE PHONE		DATE OF BIRTH	
CONTACT IN CASE OF AN EMERGENCY:		RELATIONSHIP		PHONE NUMBER	

DESIRED EMPLOYMENT

POSITION	GATE ATTENDANT 14 YEARS OR OLDER LIFEGUARD 16 YEARS OR OLDER	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED ENCORE I POOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		HAVE YOU EVER WORKED FOR ENCORE I POOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	
REASON FOR LEAVING ENCORE I POOL:			
NAME OF LAST SUPERVISOR AT ENCORE I POOL?		WHO REFERRED YOU TO ENCORE I POOL?	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

GENERAL

Aquatic Experience (i.e. Swim Team, Swim Lesson Instructor, Lifeguard)
Certifications (i.e. Lifeguard, First Aid, Swim Instructor Certification) include dates you received certification
Special Interest (clubs, sports, volunteer services and other organizations)

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE #	YEARS AQUAINTED

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FORMER EMPLOYERS

LIST BELOW YOUR LAST TWO EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			JOB TITLE		
ADDRESS			CITY	STATE	ZIP
NAME OF SUPERVISOR		TITLE	PHONE	ALT PHONE	
MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING DATE	LEAVING DATE	WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	
DECEIPTION OF WORK					
REASON FOR LEAVING					

NAME OF PREVIOUS EMPLOYER			JOB TITLE		
ADDRESS			CITY	STATE	ZIP
NAME OF SUPERVISOR		TITLE	PHONE	ALT PHONE	
MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING DATE	LEAVING DATE	WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	
DECEIPTION OF WORK					
REASON FOR LEAVING					

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES EXPLAIN.

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result fro utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date

Applicants Signature