

Meridian Community Swimming Pool Application for Employment

GENERAL INFORMATION

Date:

Name (Last)	(First)	(Middle Init.)	Home Telephone () -
Mailing Address	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or Type of Employment Desired	Will Accept:	Shift:
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Early morning
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Day
Salary Desired	<input type="checkbox"/> Temporary	<input type="checkbox"/> Evening/Night

Education / Training

Have you obtained a high school diploma or GED Certificate? Yes No

School	Name & Location	Diploma/Degree	Subject of Specialization
High School			
College or University			
Specialized Courses or Training / Technical School			

Special Skills & Certifications – List other specific skills you have to offer the job you are applying for

Veteran Information

Branch of Service	Date of Entry	Date of Discharge
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Employment History – Begin With Most Recent Employment

Dates From	To	Company Name	City, State
Titles & Duties			
Reason for leaving:			Telephone Number
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name	
Dates From	To	Company Name	City, State
Titles & Duties			
Reason for leaving:			Telephone Number
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name	
Dates From	To	Company Name	City, State
Titles & Duties			
Reason for leaving:			Telephone Number
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name	

References – please give the name of 3 people not related to you

Name	Address	Telephone	Occupation

The information on this application is true and accurate to the best of my knowledge.

Signature: _____

Date: _____