

Stones Crossing Swimming Club, Inc.
P.O. Box 3356 Easton, PA 18043-3356
610-252-7724

Application for Employment

Personal Background

Name: _____ Social Security # _____

Present Address: _____ City/State/Zip: _____

Home Phone # : _____ Cell Phone #: _____ DOB: _____

E Mail Address: _____

Position Applying for: please circle Snack Bar Lifeguard Management

Full Time Part Time Hours Available: _____

Anticipated Vacation Dates: _____

Do you plan on being on the Stone's Crossing Swim Team? YES NO

Relevant Certifications:	Certification	Date Obtained	Issuing Program	Expiration Date

Other related skills: _____

References: Please list the names of two persons you would like to use as a reference.

1 _____
Name Relationship Telephone

2 _____
Name Relationship Telephone

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in my employment termination.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Interviewed by: _____ **References checked by:** _____

Department: 100- Manager 200- Assist. Mgr. 300- Lifeguard 400- Snack bar 500- Coaches 600- Other

Hired By: _____