

Meridian Community Swimming Pool Application for Employment

GENERAL INFORMATION

Date: _____

| | | | |
|-----------------|--|----------------|-----------------------------|
| Name (Last) | (First) | (Middle Init.) | Home Telephone () - |
| Mailing Address | (City) | (State) | (Zip) |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|-------------------|---------------|-------------------|

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: _____