

Lochearn Community Club

Employment Application

Personal Information:

Name	
DOB	Social Security #
Address:	
Home #	Cell #
Email:	

Please Answer:

Position applying for:	
Date you can start:	
Desired salary:	
Are you currently employed?	If so will Lochearn be a 2 nd Job?
Do you have reliable transportation?	If so, How will you get to work?
Is your family a member of Lochearn?	

Education Background:

High School	Graduation Year
College	Graduation Year

Work History: (List most recent first)

Employer	Position	Dates of Employment	Reason for leaving
1.			
2.			
3.			

Certifications: List All (CPR, LIFEGUARDING, FIRST AID, POOL OPERATORS etc.)

Certification	Date received	Date expires	Where was class taken?
1.			
2.			
3.			
4.			

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References: Give the name of four persons not related to you, whom you have known at least one year.

Name	Phone #	Email	Relationship
1.			
2.			
3.			
4.			

Emergency Contact:

Name	
Relationship to Applicant:	
Home #	Cell #
Email Address	

"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 listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without prior notice."

Signature

Date

Do Not Write Below This Line

Interviewed by :	Date:
Hire Date:	Start Date:
Salary:	
Notes:	