

Clearview Swim and Health Club Employment Application

Applicant Information

Full Name _____ Date: _____
Last First M.I.

Address: _____

Phone: _____ Email: _____

Date Available: _____ Last 4 of SSN: _____ Date of Birth: _____

Position Applying for: _____

Are you a Certified Life Guard? ___Y ___N If yes, date certified _____

Have you ever worked for Clearview? ___Y ___N If yes, when _____

Are you covered by Health Insurance? ___Y ___N

If yes, please provide information: _____

Education

High School: _____

What grade are you going into this fall: _____

College: _____

What year will you be this fall: _____

In case of Emergency

In case of Emergency please notify _____

Relationship to applicant: _____ Phone number: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Please attach a copy of your current Life Guard Certification.

Signature: _____ Date: _____

Signature of Parent or Guardian (Minors only) _____