

# Aquatic Staff Application Supplement

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Job(s) applying for:

- Lifeguard
- Swim Instructor
- Aquatic Exercise Instructor
- Other \_\_\_\_\_

Certifications – current and expired: *Please attach copies of current certifications*

	Type	Agency	Expiration Date
<input type="checkbox"/> Emergency O2	_____	_____	_____
<input type="checkbox"/> CPR/AED	_____	_____	_____
<input type="checkbox"/> First Aid	_____	_____	_____
<input type="checkbox"/> Lifeguarding	_____	_____	_____
<input type="checkbox"/> Swim Instructor	_____	_____	_____
<input type="checkbox"/> Water Exercise Instructor	_____	_____	_____
<input type="checkbox"/> Other (specify)	_____	_____	_____

Have you ever performed lifesaving CPR?

- No
  - Yes \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you ever performed lifesaving first aid?

- No
  - Yes \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you ever worked as a lifeguard? If so, where, when, and for whom?

- No
  - Yes \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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Have you ever performed a water rescue? Describe the situation and the action you took:

No

Yes

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Have you ever worked as a swim instructor? If so, where, when, and for whom?

No

Yes

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What age group do you enjoy teaching?

Infants

3-5 Years

6-12 Years

If hired, what date would you be available to start work?

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Please list any friends or relatives that are currently working for the YMCA.

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Is there any other information you would like to share that would help you qualify for a lifeguard and/or instructor position at this YMCA?

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Applicant Signature:

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# Auburn YMCA-WEIU

## Application for Employment

Revised 2/07

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_  
LAST
FIRST
MIDDLE

Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
# Street
City
State
ZIP

Are you legally eligible for employment in the U.S.A.?  Yes  No      Are you 18 years or older?  Yes  No

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ wk

Are you employed now?  Yes  No      If so, may we inquire of your present employer?  Yes  No

Would you work  full-time or  part-time?      Specify days and hours available if part-time: \_\_\_\_\_

Were you previously employed by us?  Yes  No      If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Have you had any criminal convictions?  Yes  No A "Yes" answer will not necessarily disqualify you from consideration.

Please state why you feel you are qualified for this position \_\_\_\_\_

**Americans with Disabilities Act Clarification** With or without reasonable accommodation, can you perform the essential job functions for the position you have applied for?  Yes  No

### EDUCATION

School	Name and Address Of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma, Degree or Subjects Studied
			5	6	7	8		
Elementary								
Location			5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School								
Location			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College								
Location			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)								
Location			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subjects of special study or research work: \_\_\_\_\_

## MILITARY SERVICE

Branch: \_\_\_\_\_ Years served: \_\_\_\_\_ Rank: \_\_\_\_\_

## EMPLOYMENT HISTORY

**Begin with your present or last job.** Include any military service and volunteer activities.  
(Exclude groups which indicate race, color, religion, sex, age, national origin or other protected group.)

<b>Employer 1</b>	Dates Employed From                  To	Job Duties
Address		
Job Title	Hourly Rate/Salary Starting                  Final	Reason for leaving
Immediate Supervisor                  Phone #		
<b>Employer 2</b>	Dates Employed From                  To	Job Duties
Address		
Job Title	Hourly Rate/Salary Starting                  Final	Reason for leaving
Immediate Supervisor                  Phone #		
<b>Employer 3</b>	Dates Employed From                  To	Job Duties
Address		
Job Title	Hourly Rate/Salary Starting                  Final	Reason for leaving
Immediate Supervisor                  Phone #		
<b>Employer 4</b>	Dates Employed From                  To	Job Duties
Address		
Job Title	Hourly Rate/Salary Starting                  Final	Reason for leaving
Immediate Supervisor                  Phone #		

## REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

NAME	ADDRESS/PHONE	OCCUPATION	YEARS KNOWN
1			
2			
3			

## PLEASE READ AND SIGN BELOW

**"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.**

**I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY 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 THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."**

**SIGNATURE**

**DATE**

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