ElitSwim Employment Application (Please print all information requested)

Date of Application _____ Position you are applying for _____

Name _____ Date of Birth _____
First Middle Last

Current Address _____ How long have you lived there? _____
Street and Number City State Zip Code

Prior Address _____ How long did you live there? _____
Street and Number City State Zip Code

Home phone (____)_____ Cell (____)_____ E-mail: _____ Social Security No. ____/____/____

Salary/wage desired $_____ Referred by _____ Date you can start _____

Have you ever worked for this Company before? Yes ____ No ____

Are you 18 or more years old? Yes ____ No ____ If No, can you submit a work permit? Yes ____ No ____

If hired, can you submit verification of your legal right to work in the United States? Yes ____ No ____

Are you able to satisfactorily perform the essential job duties required of the position you are applying for, with or without reasonable accommodation? Yes ____ No ____

Do you have a valid driver's license?* Yes ____ No ____ State _____ Class _____ Expiration date: _____
(*only answer this question if you are applying for a job which requires driving)

Do you currently posses any of the following certifications? (Check all that apply)

CPR/AED _____ First Aid _____ Lifeguard _____ If you checked any, provide a copy of your certification

How many hours can you work per week? _____ Part time: _____ Full Time: _____

Indicate the days and times you are available to work:

Weekdays: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri. Hours: ☐ 9:00 am – 12:00 pm. ☐ 3:40 pm – 8:00 pm

Weekend: ☐ Saturday 9:00 am – 12:25 pm ☐ Sunday 9:30 am – 12:20 pm

EDUCATION/TRAINING

School Name, City, State	Yrs. Completed (Circle one)	Diploma or Degree	Course of Study or Major	Special Training, Experience, Skills, Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	1 2 3 4			
Skills/Technical:				
Other relevant training:				

EMPLOYMENT EXPERIENCE
Start with your present or last job. Account for all periods of time, including any periods of unemployment.
(Attach additional sheets if necessary)

Present or Last Employer
Name _____ Address _____ Phone _____

Employment dates: from _____ to _____ Position _____

Supervisor _____ Reason for Leaving _____

Work Performed _____

Prior Employer 2
Name _____ Address _____ Phone _____

Employment dates: from _____ to _____ Position _____

Supervisor _____ Reason for Leaving _____

Work Performed _____

Prior Employer 3
Name _____ Address _____ Phone _____

Employment dates: from _____ to _____ Position _____

Supervisor _____ Reason for Leaving _____

Work Performed _____

Prior Employer 4
Name _____ Address _____ Phone _____

Employment dates: from _____ to _____ Position _____

Supervisor _____ Reason for Leaving _____

Work Performed _____

May we contact your current employer? Yes ____ No ____ If No, please explain _____

Have you ever been terminated or asked to resign from any job? Yes ____ No ____ If Yes, please explain _____

_____

Please explain any gaps in your employment history: _____

_____

PERSONAL REFERENCES: Name two people, not related to you or former employers, whom we may contact:

Name	Occupation	Address (Street, City and State)	Telephone No.	Years Known

ADDITIONAL INFORMATION

Please submit any additional information that you would like us to consider: _____

_____

_____

AUTHORIZATIONS AND AGREEMENTS FOR EMPLOYMENT CONSIDERATION

Certification That All Information Is True and Correct

I certify that all of the information and statements that I have provided in this Application and in the hiring process is complete, true and correct. I understand and agree that if the Company discovers that any such information or statement is false, misleading or incomplete in any respect, the Company may reject this Application and/or terminate my employment, regardless of the time, manner or circumstances of discovery.

Authorization to Investigate Information

I authorize investigation of all information and statements that I have provided in this Application and in the hiring process, and I understand and agree that the investigation may be used to determine my eligibility for employment by the Company. I also authorize all persons and entities asked to supply information during any such investigation to provide the Company with any information they have about me, whether personal or otherwise. I agree to release and hold harmless the Company, its employees and agents, and all persons and entities supplying information to the Company in connection with the investigation, from any claim, damage or liability, actual or threatened, that may arise in connection with furnishing such information.

Authorization and Agreement For Medical Examination and Drug Test

I understand and agree that any offer of employment may be conditioned on taking and passing a pre-employment medical examination and/or drug test. Upon request, I agree to take a drug test and/or a pre-employment medical examination at the time and place designated by the Company. I also understand and agree that if I fail to pass or to cooperate with, or if I attempt to affect the results of, a pre-employment medical examination or a drug test, any employment offer may be withdrawn or my employment may be terminated if I have already been hired. I agree to release and hold harmless the Company and any medical facility, laboratory, testing facility and vendor, and their owners, managers, partners, directors, officers, employees, agents, and related entities, from any claim, liability or damage of any kind which arises from any such pre-employment medical examination and drug test.

Agreement Than Any Employment Will Be At Will

I understand that submission of an Application does not guarantee employment. I also understand and agree that if I am hired my employment with the Company will be on an "at will" basis, which means that my employment can be terminated by me or by the Company at any time, for any reason or no reason at all, with or without cause, and with or without prior notice. I also understand and agree that nothing which is said or done during the hiring process or during my employment is intended to create any different kind of employment relationship, and that the "at will" employment relationship cannot be changed except by a written agreement signed and dated by me and the President of the Company which specifically states that the "at-will" employment relationship is being changed and which sets forth the terms of the new employment relationship.

Compliance With Company Work Rules and Policies

I understand that if I am hired I will be required to comply at all times with the Company's work rules and policies, as amended from time to time, including but not limited to the Drug Free Workplace Policy, the Confidential Information and Inventions Policy, and the Information Systems Policy, and that regular attendance and punctuality are essential functions of any job for which I am hired.

_____ _____

Date Applicant's Signature