## Peddie Aquatic Center Application for Employment

|  |                |              | Date of Application: |            |        |                    |                   |  |
|--|----------------|--------------|----------------------|------------|--------|--------------------|-------------------|--|
| Full Name:                                       |                |              |                      |            |        |                    |                   |  |
| Street Address: _                                |                |              |                      |            |        |                    |                   |  |
| City:  |                |              |                      | State:     |        | Zip Code           | <u>.</u>          |  |
| Primary Phone N                                  |                |              |                      |            |        | e: Yes No          |                   |  |
| Email:   |                |              |                      |            | Birthd | ay:/               | /                 |  |
|  |                |              |                      |            |        | <i>y</i> ——, —     |                   |  |
| <b>Emergency Cont</b>                            | act:           |              |                      |            |        |                    |                   |  |
| Phone Number:                                    |                |              |                      |            |        |                    |                   |  |
| Position you are Lifeguard  Swim Inst  Assistant |                |              | k all tl             |            |        | rcise Instru<br>ch | ctor              |  |
| Please list all you                              | r certificatio | ns and expir | ation                | dates:     |        |                    |                   |  |
| Certification                                    |                |              |                      |            | Expir  | ation Date         |                   |  |
|  |                |              |                      |            |        |                    |                   |  |
|  |                |              |                      |            |        |                    |                   |  |
|  |                |              |                      |            |        |                    |                   |  |
| E1   | •              |              |                      |            |        |                    |                   |  |
| Employment Exp                                   |                |              |                      |            | Dotos  | ::                 |                   |  |
| Employer: Address:                               |                |              |                      |            | Dates  | ) <u>.</u>         |                   |  |
| Phone:   |                |              | Super                | wisor      |        |                    |                   |  |
| Reason for leavi                                 | ng.            |              |                      |            |        |                    |                   |  |
| 1100001110110011                                 | o <sup>v</sup> |              |                      |            |        |                    |                   |  |
| Employer:  |                |              |                      |            | Dates  | <b>:</b>           |                   |  |
| Address:   |                |              |                      |            |        |                    |                   |  |
| Phone:   |                |              | Super                | visor      |        |                    |                   |  |
| Reason for leavi                                 | ing:           |              |                      |            |        |                    |                   |  |
| Education:                                       |                |              |                      |            |        |                    |                   |  |
|  | Name of Sc     | hool         |                      | City/State |        | Years<br>Attended  | Graduate<br>(Y/N) |  |
| High School                                      |                |              | •                    |            |        |                    |                   |  |
| College  |                |              |                      |            |        |                    |                   |  |
| Post Graduate                                    |                |              |                      |            |        |                    |                   |  |
| Other  |                |              |                      |            |        |                    |                   |  |

|                                       | Tuesday         | wednesday                       | Thursday                      | Friday       | Saturday      | Sunday |  |  |
|---------------------------------------|-----------------|---------------------------------|-------------------------------|--------------|---------------|--------|--|--|
|                                       |                 |                                 |                               |              |               |        |  |  |
| References:<br>Please provi           | ide at least tw | vo references v                 | who are not                   | family men   | ibers.        |        |  |  |
| Name:                                 |                 |                                 |                               | Compa        | ny:           |        |  |  |
|                                       |                 |                                 |                               |              |               |        |  |  |
|                                       |                 |                                 |                               | _ Relatio    | nship:        |        |  |  |
| Name:                                 |                 |                                 |                               | Compa        | ny:           |        |  |  |
|                                       |                 |                                 |                               |              |               |        |  |  |
|                                       |                 |                                 |                               |              |               |        |  |  |
|                                       | of employme     | ent, I understa                 | and that fals                 | e or mislead | ding informat |        |  |  |
|                                       |                 | ew may result<br>ules and regul | in discharge                  |              |               | _      |  |  |
| required to                           | abide by all r  | ew may result                   | in discharge<br>lations of Pe | ddie School  | l <b>.</b>    | _      |  |  |
| required to Signature: _ For Office U | abide by all r  | ew may result<br>ules and regul | in discharge<br>lations of Pe | ddie School  | l <b>.</b>    | t I am |  |  |
| required to                           | abide by all r  | ew may result<br>ules and regul | in discharge<br>lations of Pe | ddie School  | l <b>.</b>    | t I am |  |  |

☐ Assistant Swim Instructor