



# American Swim Academy Employment Application Form

Date of Application \_\_\_\_\_

*Please print all information requested*

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Were you referred to FSS/ASA \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, by whom? \_\_\_\_\_

Have you ever been employed by ASA? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_  
mo/yr - mo/yr

If you are under 16 yrs, can you provide a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please explain \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No CDL # \_\_\_\_\_

Are you authorized to work in the USA? \_\_\_\_\_ Yes \_\_\_\_\_ No (Proof of eligibility may be requested if hired)

Have you ever pleaded guilty, no contest or been convicted of a crime \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

\_\_\_\_\_  
*(A conviction will not necessarily disqualify you from employment)*

Are you fluent in any languages other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list \_\_\_\_\_

Do you currently possess any of the following certifications? Check all that apply

_____ CPR (Adult/Child/Infant)	_____
	Date on card
_____ Lifeguard	_____
	Date on card
_____ First Aid	_____
	Date on card
_____ WSI or WSA	_____
	Date on card

When are you available to start work? \_\_\_\_\_ How many hours can you work per week? \_\_\_\_\_

Indicate the days/hours you are available:

No pref \_\_\_\_\_ MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

**Education:**

Type of School	Name of School	Location	Number of Years Completed	Major/Degree Achieved
High school				
College				
Skill or Trade School				

**Work Experience:**

From	To	Employer
Title		Address
Immediate Supervisor & Title		Nature of Work & Responsibilities
Phone		Reason for leaving

From	To	Employer
Title		Address
Immediate Supervisor & Title		Nature of Work & Responsibilities
Phone		Reason for leaving

From	To	Employer
Title		Address
Immediate Supervisor & Title		Nature of Work & Responsibilities
Phone		Reason for leaving

**Personal References:** Name three people, not related to you, whom we may contact.

_____	_____	_____	_____
Name	Relation	Yrs Acquainted	Phone
_____	_____	_____	_____
Name	Relation	Yrs Acquainted	Phone
_____	_____	_____	_____
Name	Relation	Yrs Acquainted	Phone

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_