

The SWIM SQUAD, llc

APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	SSN - -	
Address (Mailing Address)		(City)	(State)	(Zip) Telephone Number () -
Email Address		Are you legally entitled to work in the U.S? <input type="checkbox"/> YES <input type="checkbox"/> NO		

POSITION

Position or Type of Employment Desired	Will Accept <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Wages Desired	Date Available to begin Work	

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, list the highest grade completed						
College, Business School, Military (Most Recent First)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	To					
	From			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	To					
	From			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	To					
	From			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	To					
Occupational License, Certification, or Registration		Number		Where Issued		Expiration Date
Occupational License, Certification, or Registration		Number		Where Issued		Expiration Date
Occupational License, Certification, or Registration		Number		Where Issued		Expiration Date
Languages Read, Written, or Spoken Fluently other than English						

VETERAN INFORMATION

Branch of Service	Date of Entry	Date of Discharge
Reason for Discharge		

SPECIAL SKILLS (List all pertinent skills)

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WORK EXPERIENCE (Most Recent First and Include Voluntary Work)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title		To (Month/Year)
Duties:		Hours per Week
		Last Salary
		Supervisor

Reason For Leaving	May We Contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title		To (Month/Year)
Duties:		Hours per Week
		Last Salary
		Supervisor

Reason For Leaving	May We Contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title		To (Month/Year)
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Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title		To (Month/Year)
Duties:		Hours per Week
		Last Salary
		Supervisor

Reason For Leaving	May We Contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
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REFERENCES

Name	Relationship
Email:	Phone Number: () -
Name	Relationship
Email:	Phone Number: () -
Name	Relationship
Email:	Phone Number: () -

AVAILABILITY

Please specify the dates that you will be available:

I certify that the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:
