

# APPLICATION FOR EMPLOYMENT



www.swimamericadavis.com  
2121 Second Street  
(530) 759-1214

*Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.*

Date \_\_\_\_\_

Name (first, middle, last) \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  
(You may be required to provide documentation.) ☐ Yes ☐ No

Position desired \_\_\_\_\_ How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_ Hours per week? \_\_\_\_\_

What is your availability? Please indicate specific hours.  
(You will be asked to update this information on a quarterly basis or as needed.)

## CURRENTLY

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

## Sep. 1st — Dec. 31st, 2020

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**\*We require all of our Staff to have Saturday availability.**

**\*Shifts are:**  
Weekdays:  
9am –11am  
11am—3pm  
3:25pm-7:20pm

Weekends:  
8:25am–12:30pm

What interests you about this position?

**Education**

<i>School Name and Location</i>	<i>Year</i>	<i>Major</i>	<i>Degree</i>
High School _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____

**Certifications**

☐ Lifeguard (Exp. \_\_\_\_\_) ☐ CPR (Exp. \_\_\_\_\_) ☐ First Aid (Exp. \_\_\_\_\_) ☐ Other \_\_\_\_\_ (Exp. \_\_\_\_\_)

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

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**Employment History** (Start with most recent employer. Attach additional information if necessary.)

Company Name _____	Telephone _____
Supervisor's Name _____	email _____
Address _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Started _____	Starting Position _____
Date Ended _____	Ending Position _____
Responsibilities (relevant to this application) _____	
Reason for leaving _____	

Company Name _____	Telephone _____
Supervisor's Name _____	email _____
Address _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Started _____	Starting Position _____
Date Ended _____	Ending Position _____
Responsibilities (relevant to this application) _____	
Reason for leaving _____	

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_