**Ready Set Swim**

**Employment Application Form**

# 

Complete and email to [Robert.Lanham@hotmail.com](mailto:Robert.Lanham@hotmail.com) place **“application”**

In the subject heading

**APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-4.** DATE

Name

Last First Middle Maiden

Present address

Number Street City State Zip

How long Telephone ( )

Social Security No. – –

If under 18, please list age

Position applied for (1)

Days/hours available to work

No Pref Thur

And salary desired (2) (Be specific)

Mon Tue Wed

Fri Sat Sun

How many hours can you work weekly?

Can you work nights?

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME When available for work?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION  (Complete mailing address) | NUMBER OF YEARS  COMPLETED | MAJOR &  DEGREE |
| High School |  |  |  |  |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
| Bus. or Trade School |  |  |  |  |
|  |  |  |  |  |
| Professional School |  |  |  |  |
|  |  |  |  |  |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DO YOU HAVE A DRIVER’S LICENSE? Yes No  What is your means of transportation to work? Driver’s license  number State of issue Operator Commercial (CDL) Chauffeur  Expiration date  Have you had any accidents during the past three years? How many? Have you had any moving violations during the past three years? How Many? | | | | | | | |
|  | | | **OFFICE ONLY** | |  | | |
| Typing Personal  Computer | Yes  No  Yes  No | WPM  PC  Mac | Yes 10-key No  Other Skills | Word Processing | | Yes  No | WPM |
|  | | | |

Please list two references other than relatives or previous employers.

Name

Name

Position Company Address

Position Company Address

Telephone ( )

Telephone ( )

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

|  |  |  |
| --- | --- | --- |
|  | MILITARY |  |
| HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No  ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No  Specialty Date Entered Discharge Date | | |

# Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer Address  City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
|  | From  To | Start  Final |
| Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer Address  City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
|  | From  To | Start  Final |
| Your Last Job Title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

# PLEASE PRINT ALL INFORMATION REQUESTED

**APPLICATION FOR EMPLOYMENT**

**Work experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer Address  City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
|  | From  To | Start  Final |
| Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer Address  City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
|  | From  To | Start  Final |
| Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

May we contact your present employer? Yes No Did you complete this application yourself Yes No

If not, who did?

Digital Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_