**Ready Set Swim**

 **Employment Application Form**

#

 Complete and email to 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 YEARSCOMPLETED | 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 NoWhat is your means of transportation to work? Driver’s licensenumber State of issue Operator Commercial (CDL) ChauffeurExpiration 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 PersonalComputer |  Yes No Yes No |  WPM PC Mac |  Yes 10-key NoOther 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 NoARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes NoSpecialty 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 AddressCity, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
|  | FromTo | StartFinal |
| 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 AddressCity, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
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# PLEASE PRINT ALL INFORMATION REQUESTED

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

If not, who did?

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