Martha Burns Swimming School

Employment Application

Name _____
first last middle

Date of Birth _____ Social Security # _____

Address _____
Street City State Zip

Phone _____ Cell# _____

Reference Name/Phone #

Reference Name/Phone # _____

Available Work Hours _____ _____ _____ _____ _____ _____
Mon Tue Wed Thu Fri Sat

Have you ever been convicted of a crime? Y N Please explain.

_____

Educational Background School Name Major Diploma

High School _____

College _____

Graduate School _____

Swimming Background Competitive Yes, How many years?_____ No

Lifeguard No Yes, How Long?_____ Where?_____

CPR Certificate No Yes

Teaching Experience No yes, How Long? _____ Where? _____

If everything is correct, please sign and date.
Your signature gives us permission to do a background check.

Signature _____ Date _____