



NORTHSIDE AQUATICS

Application for Employment



Are you available to work overtime on occasion?	Yes No
Can you work with a schedule that may change from one week to the next?	Yes No
Do you have a driver's license? What is your means of transportation to work? _____	Yes No
Do you have any prior commitments that will require days off (e.g. family vacations)? First Date Available to Work: _____	Yes No

Are you available to work: **Regular Full-time** **Regular Part-time** **Temporary**

Rate of Pay Desired: _____

Availability

Please shade in completely (black out) your preferred hours. Place an "X" in the boxes when you are unable to work. While we cannot guarantee you will get your preferred hours, we will do our best to match them.

	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM
Mon														
Tues														
Wed														
Thurs														
Fri														
Sat														
Sun														

In case of an emergency, who should we notify?

Name: _____ Phone: (____) _____

Secondary Phone: (____) _____

Name: _____ Phone: (____) _____

Secondary Phone: (____) _____



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Education	High School	Technical School	College	Post Graduate
School Name / Location				
Years Completed	9 10 11 12		1 2 3 4	
Diploma Degree	Yes No	Yes No	Yes No	Yes No
Major Course(s) of Study				

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Describe honors received:

Professional License or Memberships

Type of License Held:

Expiration Date:

List professional, trade, business, or civil activities and offices held

You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:

References: Give name, address, and telephone number of three people who are not related to you that have knowledge of your work performance within the last four years.

1. _____

2. _____

3. _____



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Employment Experience (Attach additional sheets if necessary)

Start with your most recent position.

Employer	Dates Employed	Work Performed	
May We Contact: Yes No			
Address	From		To
Telephone Number(s)	Base Pay		
Job Title	Start		Final
Supervisor			
Reason for Leaving			

Employer	Dates Employed	Work Performed	
May We Contact: Yes No			
Address	From		To
Telephone Number(s)	Base Pay		
Job Title	Start		Final
Supervisor			
Reason for Leaving			

Employer	Dates Employed	Work Performed	
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Reason for Leaving			

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APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by NorthSide Aquatics, herein referred to as "NSA", that such employment with NSA is *at will*, for no specified duration and may be terminated by either NSA or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of NSA or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with NSA, if employed, I agree to conform to the rules, regulations, policies and procedures of NSA at all times.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below I acknowledge that I have read, understood, and agree to the above statements.

Signature

Date

NSA is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected by law.