



# The Dolphin Swim Club of Troy

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANTS:** Please complete this application in its entirety. Please print clearly, then read and sign the last page. If you have any questions or concerns about the content of this application please contact Pam Fulton. All of the following information provided in this application for employment is true, correct, and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal.

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

### BACKGROUND INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State Issued: \_\_\_\_\_

*(If you have lived at the above address for less than 7 years, please complete the following)*

Years \_\_\_\_\_ Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years \_\_\_\_\_ Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Have you ever been convicted of a felony/misdemeanor?** \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### FULL AND PART TIME EDUCATION

School/Campus Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree Received: \_\_\_\_\_

School/Campus Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree Received: \_\_\_\_\_

### WORK HISTORY

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact? Yes/No

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact? Yes/No

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

**RELEASE AUTHORIZATION**

In connection with my application for employment, I understand that several consumer reports may be requested and may include information as to my character, work habits, credit, academic credential verification, job performance, experience, and reasons for termination. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operations history and criminal history from various private and public sources along with other public records that are available.

**I HEREBY AUTHORIZE AND RELASE FROM ALL LIABILITY, WITHOUT RESERVATION, THE DOLPHIN SWIM CLUB OF TROY PREMIER EMPLOYMENT SCREENING SERVICES AND ANY LAW ENFORCEMENT AGENCY, ADMINSTRATOR, STATE/FEDERAL AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, EMPLOYEE, INSURANCE COMPANY OR PERSONAS GATHERING OR FURNINISHG THE ABOVE INFORMATION.**

I further acknowledge that a telephone facsimile (fax) or photographic copy of this release will be a s valid as the original. According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised by this employer and be given the name of the agency or source of information.

Print Name \_\_\_\_\_

Maiden/Previous Name(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

(The age discrimination act in the employment act 1967 Prohibits discrimination in employment base on age)5

**APPLICANT SIGNATURE:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**Summer Commitments**

Summer Sports: \_\_\_\_\_

Practice Schedule: Days: \_\_\_\_\_ Times: \_\_\_\_\_

Game/Meet Days: \_\_\_\_\_

Other Summer Employment: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Family Commitments for the summer: \_\_\_\_\_

Family Vacations: \_\_\_\_\_

What days are you NOT available to work at the Dolphin? \_\_\_\_\_

Are you available to work shifts between 10:30am-8pm? \_\_\_\_\_

Minimum hours you want to work: \_\_\_\_\_

Maximum hours you want to work a week: \_\_\_\_\_

Are you willing to commit to working a minimum of 5 4.5 hour shifts per week? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

Went over with Employee \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_