

APPLICATION FOR EMPLOYMENT-LIFEGUARD

Date _____

Name (last name, first name) _____

Address _____ Phone (home) _____
Street City State Zip Code

E-mail Address _____ Phone (cell) _____

What kind of work are you applying for? _____

What office machines can you operate? _____

Who referred you to us? _____

Please check appropriate box. Are You:

Under 14 years old

14 to 18 years old

Over 18 years old

EDUCATION

SCHOOL	DATE	FROM	TO	NAME OF SCHOOL	CITY	COURSE	DID YOU GRADUATE?
Elementary							
Secondary							
College							
Other							

*The Age Discrimination Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

EXPERIENCE

NAME & ADDRESS OF COMPANY	DATE	FROM	TO	DUTIES	START PAY	FINAL PAY	REASON FOR LEAVING

BUSINESS / PERSONAL REFERENCES

NAME	ADDRESS / PHONE	OCCUPATION

List any related experiences you have had in relation to the position you are applying for:

List Certifications that you presently hold (Advanced Lifesaving, W.S.I., C.P.R., etc.) and the Chapter of Authorization if other than Franklin County:

Certification	Expiration Date	Chapter of Authorization
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teaching Experience (give dates and locations):

Guarding Experience (give dates and locations):

If under 18, do you have a work permit? _____

Available for work (give dates):

Beginning: _____ Number of hours per week: _____

Finishing (if seasonal): _____ Check applicable times: __ Days __ Evenings __ Weekends

SIGNATURE _____ **DATE** _____

I certify that the information I have provided on this application is true and correct to the best of my knowledge. False information can be grounds for termination.

MUIRFIELD ASSOCIATION, INC., 8372 MUIRFIELD DR., DUBLIN, OH 43017

TELEPHONE: 614-889-0922 FAX: 614-889-1142

EMAIL chris@muirfieldassociation.com

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purpose such questions are appropriately noted on the application.

FOR OFFICE USE ONLY. TWO I.D.s REQUIRED:

SOCIAL SECURITY # _____ BIRTH CERTIFICATE _____

DRIVER LICENSE # _____ OHIO I.D. _____

EMPLOYER'S INITIALS _____