



PO Box 170540 Ozone Park, NY 11417

Telephone: (516) 216-4210

Website: www.unitedfsp.com

APPLICATION FOR EMPLOYMENT

Our Company is an Equal Opportunity Employer in compliance with all applicable laws. We do not discriminate because of sex, age, race, color, religious creed, marital status, national origin, ancestry, mental or physical disability, citizenship, sexual orientation, or for any other reason prohibited by the state or federal law.

Date: _____

PERSONAL INFORMATION

Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip Code

Date of Birth: ____/____/____

Social Security No: ____-____-____

Telephone #: Home – (____)-____-____ or Cell – (____)-____-____

E-mail Address: _____

Emergency Contact Name: _____ Contact Number: (____) _____

If under 18 years of age, do you have a working permit? Yes () No ()

Are you either a U.S. citizen, or an alien who has the legal right to remain and work in the U.S.? Yes () No ()

(If you accept employment with us, the Federal Immigration Act of 1986 requires that you provide documents establishing your identity and work authorization.)

EMPLOYMENT DESIRED

Position for which you are applying: () Lifeguard () Swim Instructor () Office
() Pool Manager () Porter () Fitness Instructor () Other _____

Days available to work: _____

Do you have a valid driver's license? Yes () No ()

Can you travel if a job requires it? Yes () No ()

Have you ever applied for employment with this company? Yes () No ()

If yes, when? _____

Do you have any of these Swimming Certifications?

() Water Safety Instructor (WSI) - Exp Date: _____

() Lifeguard (LGT) - Exp Date: _____

() CPR - Exp Date: _____

() First Aid – Exp Date: _____

Others Certifications (please describe) _____



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FORMER EMPLOYERS

List below your work experience, starting with your present or last place of employment. You may include verifiable volunteer work experience.

Date Employed	Name & Address of Employer	Name of Supervisor	Position & Salary	Reason for Leaving
From			Start	
To			Finish	
From			Start	
To			Finish	
From			Start	
To			Finish	

EDUCATION

Highest Grade Completed (Please circle)

Grade School 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

Name of school attended:

Vocational or trade school:

Course of Study:

REFERENCES

Name and Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that any employment will be on a session to session basis.

Signature of Applicant _____

Date _____

FOR OFFICE USE ONLY:

Date Employed: _____

Pay Rate P/H: _____

Sex: Male Female