## **Smokey Row Family Swim Club**

**Employment Application** 

	Contract to the	Applica	nt Information								
Full Name:					Date:						
Address:	Last	t First			M.I.						
Address.	Street Address	et Address			Apartment/Unit #						
-	Sity			State ZIP Code							
Phone: _(	)	E	-mail Address:								
Date Availa	ble: Se	ocial Security No.:		Desired	Desired Salary: \$						
Position Applied for:											
Are you a citizen of the United States?			NO YES NO If no, are you authorized to work in the U.S.?  NO								
Have you e	ver worked for this compa	ny? 🗌 🖺	If so, when?								
Have you ever been convicted of a felony?											
If yes, expla	iin:										
Education											
High Schoo	l:	Addres	ss:								
	To:		YES N	O Degree:							
College: _		Addres	s:								
	To:		YES N								
Other:		Addres	s:								
	To:		YES N		-						
References											
Please list	three professional refere	nces.			7,000						
Full Name:			_ Relationship:								
Company:	2			Phone:	_()						
Address: _					NAME OF THE OWNER O	***************************************					
Full Name:											
Company:				Phone:	( )	110,000 - 110,000 - 110,000 - 110,000 - 100,00					
Address:											
Company:	9	· · · · · · · · · · · · · · · · · · ·		Phone:	( )						
Address: _											

Previous Employment									
Company:	Phone:	_(	)						
Address:	Sup	ervisor:							
Job Title: Starting Salary:			Ending Salary:	\$					
Responsibilities:				<i>3</i> 1					
From: To: Reason for Leaving:									
May we contact your previous supervisor for a reference?	NO								
Company:	Phone:	_(	)						
Address:	Supervisor:								
Job Title: Starting Salary:			Ending Salary:	\$					
Responsibilities:									
From: To: Reason for Leaving:									
May we contact your previous supervisor for a reference?	NO								
Company:	Phone:	_(	)						
Address:	Sup	ervisor:							
Job Title: Starting Salary:			Ending Salary:	\$					
Responsibilities:									
From: To: Reason for Leaving:	NO								
May we contact your previous supervisor for a reference?	NO								
Military Service	e								
Branch:	Fro	om:	To:						
Rank at Discharge: Type o	f Discharge	):							
If other than honorable, explain:									
Disclaimer and Signature									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature:			Date:						