

SEAFORD COMMUNITY SWIM CENTER

Employment Application

For office use only:
Date application received:

APPLICANT INFORMATION			
Last Name	First	M.I.	Birth day
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been employed by SCSC	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
What school do you attend?	Grade:	When does school resume:	
Have you taught swim lessons?	Where:	Years:	
Were you or your family a member of SCSC last year?			
Are you involved in any sports or extracurricular activities during the summer that you will have to attend during the summer season? Please list activities and dates and if activities will interfere with your weekly work schedule:			
Are you seeking a full-time or part-time position? (circle one) If part-time what days can you work?			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship

Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
PREVIOUS EMPLOYMENT			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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

Please mail completed application form to the City of Seaford, SCSC, P.O. Box 1100, Seaford, DE 19973 or e-mail to swimscscgators@gmail.com.