**JOB** **APPLICATION**

**Seaford** **Community** **Swim** **Center**

**PO** **Box** **1100,** **Seaford,** **Delaware** **19973**

Seaford Community Swim Center is an equal opportunity employer. This application will not be used for

limiting or excluding any applicant from consideration for employment on a basis prohibited by local,

state, or federal law. Should an applicant need reasonable accommodation in the application process,

he or she should contact a company representative.

*Please* *fill* *out* *all* *of* *the* *sections* *below:*

**Applicant Information**

***Applicant*** ***Name:***

***Address:***

***City,*** ***State*** ***and*** ***Zip*** ***Code:***

***Telephone*** ***Number:***

***Email*** ***Address:***

***Date*** ***of*** ***Application:***

**Employment Position**

***Position(s)*** ***applying*** ***for:*** Pool Manager ( part time)

How did you hear about this position?

On what date can you start working if you are hired?

**Personal Information**

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

*(Note:* *Seaford* *Community* *Swim* *Center* *complies* *with* *the* *ADA* *and* *considers* *reasonable*

*accommodation* *measures* *that* *may* *be* *necessary* *for* *eligible* *applicants/employees* *to* *perform* *essential*

*functions.* *)*

**Education and Training**

**High** **School**

Name Location (City, State) Year Graduated Degree Earned

**College/University**

Name Location (City, State) Year Graduated Degree Earned

**Vocational** **School/Specialized** **Training**

Name Location (City, State) Year Graduated Degree Earned

**Military:**

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

***Previous Employment***

**Employer** **Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer** **Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Please send completed application to the address at the top, or you can email it to swimscscgators@gmail.com

**Employer** **Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

***References***

Please provide 3 personal and professional reference(s) below:

**Reference** **Contact** **Information**

***Additional Information:***

Would you be willing to have a background check?

Do you have any experience with chemical balance and treatment of pools?

***AT-WILL EMPLOYMENT***

The relationship between you and the Seaford Community Swim Center is referred to as "employment

at will." This means that your employment can be terminated at any time for any reason, with or without

cause, with or without notice, by you or the Seaford Community Swim Center. No representative of

Seaford Community Swim Center has authority to enter into any agreement contrary to the foregoing

"employment at will" relationship. You understand that your employment is "at will," and that you

acknowledge that no oral or written statements or representations regarding your employment can alter

your at-will employment status, except for a written statement signed by you and either our Executive

Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: Dated: