

PAST EMPLOYEE
Syracuse Swimming Pool Application 2012 – DUE Feb. 24th!

NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

POSITION APPLYING FOR: (circle all that may apply)

POOL MANAGER	FULL-TIME LIFEGUARD	SWIM INSTRUCTOR
ASSISTANT POOL MANAGER	PART-TIME LIFEGUARD	OFFICE HELP
	SUBSTITUTE LIFEGUARD	

ALL EMPLOYEES – Describe your **work ethic** and why you would be a good lifeguard. (I.e. – respect, timeliness, etc.) _____

ACTIVITIES YOU ARE IN: (Sports, clubs, etc.) _____

PREFERRED HOURS TO WORK: The pool is always open. This includes weekends, evenings, and holidays. In scheduling, we try to conform to everyone’s schedule. Please list your preferred hours of employment, but note that these will not definitely be the hours you work. _____

Specific times you may need off during the summer. If you are not sure, please list camps you will be attending. It is your responsibility to find a replacement during your leave. _____

****You are required to work until the pool closes September 4,** unless previous arrangements have been made prior to scheduling. You will be required to find a substitute for dates you will not be able to work (very important in Aug. & Sept.).

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. We are an equal opportunity employer.

Signature _____ Date _____

Decisions will be made by mid-March in order to get everyone trained by pool season.