TIOGA POOL EMPLOYMENT APPLICATION

DATE APPLIED: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
Street City State Zip

DOB: _____ SOCIAL SECURITY#: _____

TELEPHONE#: _____

POSITION DESIRED:_____

EDUCATION AND PROFESSIONAL TRAINING:

HIGH SCHOOL: YES-NO _____

SPECIAL SKILLS OR TRAINING:

_____
_____
_____

WATER SAFETY INFORMATION: NEED COPIES

WHERE TAKEN INSTRUCTOR EXPIRATION DATE

CPR AND FIRST AID INFORMATION: NEED COPIES

_____
WHERE TAKEN INSTRUCTOR EXPIRATION DATE

OTHER SPECIAL SKILLS THAT YOU THINK WOULD BE USEFUL:

_____
_____
_____

MUST BE AVAILABLE TO WORK WEEKENDS. 18 YEARS AND OLDER MUST COMPLETE CHILD CLEARANCES/BACKGROUND CHECKS.

APPLICANT SIGNATURE: _____