

## **Employment Application**

DuPage Swimming Center, Inc. 520 N. Oakhurst Dr. Aurora, IL 60502 630-692-1500 • 630-692-1528 fax

Name:			Social	Security	Number:		
Are you over the age of 1	8 years? Yes	No					
If under 18, please list bir	th date:				(All applican	ts must be	at least15 years of age)
Address:Stree							
Stree	t		City			State	Zip
Phone Number:			e-mail Address:				
In case of emergency noti	fy:						
				I	Relationship		Phone
Applying for:	Front D	esk _	S	wim Inst	ructor _		Lifeguard
Education: School		A mo	o of Study	Voor	s Completed	Dog	ree Obtained?
School		Are	a of Study	1 ears	Completed	Degi	ree Obtaineu:
Past Work Experience:		I					
1. Organization Name:	Ti	tle:			Start Date:	]	End Date:
Address:					Phone:		
Name and Title of Supervisor:					Can we Contact?	)	
					Yes No		
Salary/Hourly Wage:	Re	eason for leavin	ng:				
2. Organization Name:	Ti	tle:			Start Date:	]	End Date:
Address:					Phone:		
Name and Title of Supervisor:					Can we Contact?	,	
					Yes No		
Salary/Hourly Wage:	Re	eason for leavin	ng:				
Current Certifications:	1						
Name			Agency	T	Expi	ration	Date:
	1						

Ava	ilab	ility	v:

School Year (Sept – May):				Summer (June – August):			
Day of Week:	Available From:	Available To:	Not Available to Work:	Day of Week:	Available From:	Available To:	Not Available to Work:
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Saturday				Saturday			
Sunday				Sunday			
Desired Number	er of Hours Per W	Veek:		Desired Numbe	er of Hours Per W	Veek:	
xtra Curric	ular activities	s that impact	your availabi	lity:			
Sp	ort/Activity		Month(s) of	Commitment	Can	you work at	this time?

Related Questions:		
Can you commit to a full year of employ	ment?	
If you were referred by a current employe	ee, please give employee's name:	
Have you been convicted of a crime which If yes, explain:	ch has not been expunged, annulled, or se	ealed by a court?
Are you legally eligible to work in the U	nited States?	
Are you subject to a non-compete agreen If yes, please describe:	nent or other agreement which would res	trict your employment with us?

If yes, what days/times?

## **Acknowledgement:**

I certify that the information given on this application, accompanying information given, or to be given in any personal interview is a true and accurate representation of fact, and I understand that any misrepresentation or omission of such fact is grounds for immediate dismissal, no matter when discovered.

I further understand that any employment is conditional upon receipt of satisfactory references from former employers. I hereby authorize the DuPage Swimming Center and its agents to request and receive references from all past and present employers, schools or others who may provide any reference information from any and all liability resulting from such investigation.

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I have carefully read the above Information Acknowledgement and	I understand and agree to all of the statements.
Applicant Signature	Date