



## RE-HIRE APPLICATION

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Permanent Address** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
 \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Address at School** \_\_\_\_\_ **E-mail address** \_\_\_\_\_  
 (college only) \_\_\_\_\_ **School Phone** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_ **U.S. Citizen** \_\_\_ Yes \_\_\_ No  
**In case of emergency, notify** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Position desired** \_\_\_\_\_ **Dates available** \_\_\_\_\_

**Conflicts/Vacation Times** \_\_\_\_\_

**Would you like to be** \_\_\_ Part time \_\_\_ Full time

**Can you work through Labor Day** \_\_\_ Yes \_\_\_ No **If not when would last day be** \_\_\_\_\_

**In the event of an SSPM staffing problem, would you be willing to fill in at another pool** \_\_\_ Yes \_\_\_ No

**Do you own or have access to an automobile** \_\_\_ Yes \_\_\_ No **Have valid Drivers License** \_\_\_ Yes \_\_\_ No

EDUCATION	NAME	LOCATION	NO. OF YEARS	GPA	YEAR GRAD.
HIGH SCHOOL					
COLLEGE					
REFERENCES	NAME	RELATIONSHIP	YRS KNOWN	AREA CODE	PHONE NUMBER

TRAINING	YEAR TRAINING COURSE- WAS PASSED	EXPIRATION DATE OF LICENSE OR CERTIFICATE	COUNTY AND STATE WHERE LICENSE OR CERTIFICATE WAS ISSUED
RED CROSS LIFEGUARD TRAINING			
YMCA LIFEGUARD TRAINING			
OTHER LIFEGUARD TRAINING			
CPR FOR PROFESSIONAL RESCUER			
WATER SAFETY INSTRUCTOR TRAINING			
OTHER RELEVANT CERTIFICATIONS			

I have reviewed the employment agreement that was e-mailed to me by SwimSafe Pool Management, and I agree to all terms, including the pay rate that was listed on the agreement. \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts shall be cause for dismissal if employed. I also understand that my employment will be summer employment only, and I will not file for unemployment when my employment ends.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_