

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ YES ___ No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ yes ___ No

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Payor salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Payor salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company			

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Work experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Payor salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Payor salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ___yes ___ no

Did you complete this application yourself? ___ yes ___ no

If not, who did? _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? yes no

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Expiration date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

SCRIBNER POOL APPLICATION
ADDITIONAL INFORMATION

QUALIFICATIONS/CERTIFICATIONS

Current Lifeguard/First Aid Certification yes Expires when? _____
 no When? _____

Current CPR Certification yes Expires when? _____
 no When? _____

Water Safety Aide yes
 no

Possible Summer Employment/Activities other Than Pool

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____

Office Only

Typing <input type="checkbox"/> yes <input type="checkbox"/> no	WPM _____	10-key <input type="checkbox"/> yes <input type="checkbox"/> no	Word Processing <input type="checkbox"/> yes <input type="checkbox"/> no	_____ WPM
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	PC _____ Mac _____	Other Skills _____		

