

PERSONAL INFORMATION

First Name: Middle Initial: Last Name: Preferred Nickname:

Address: City: State: Zip Code:

Home Phone: Cell Phone: Email Address:

Are you a legal resident or do you have the right to work in the U.S.? ☐ Yes ☐ No

You're applying for which of the following positions (check all that apply):

☐ General Manager ☐ Assistant General Manager ☐ Manager on Duty ☐ Swim Instructor ☐ Lifeguard ☐ Front Desk

☐ Deck Supervisor ☐ Other:

Minimum salary/wage expected: per Date available to start employment mm/dd/yy: / /

CERTIFICATIONS

Cert. Name:	Expiry Date (mm/dd/yy):	Cert. Name:	Expiry Date (mm/dd/yy):
	/ /		/ /
	/ /		/ /
	/ /		/ /

EMPLOYMENT HISTORY

Please list all jobs in the past 7 years. Attach additional paperwork as necessary.

Company Name:	Phone:	Date From:(mm/yy):	Date To:(mm/yy):
		/	/
Reason for Leaving:	Address:	Duties/Job Title:	
Starting Salary or Wage:	Present or Final Salary or Wage:	Direct Supervisor:	
Per	Per		
Company Name:	Phone:	Date From:(mm/yy):	Date To:(mm/yy):
		/	/
Reason for Leaving:	Address:	Duties/Job Title:	
Starting Salary or Wage:	Present or Final Salary or Wage:	Direct Supervisor:	
Per	Per		
Company Name:	Phone:	Date From:(mm/yy):	Date To:(mm/yy):
		/	/
Reason for Leaving:	Address:	Duties/Job Title:	
Starting Salary or Wage:	Present or Final Salary or Wage:	Direct Supervisor:	
Per	Per		

BACKGROUND AND ACCOMPLISHMENTS

Swimming instruction background (Please be specific):

Competitive swimming and/or coaching background (please be specific):

Accomplishments, honors and/or things you're proud of:

In an ideal world, you would like to work (days & times):

Realistically you're available to work (days & times):

Have you ever been charged with a sexual offense related to children?

☐ Yes ☐ No

Have you ever had to report to any organization or registry for abuse or misconduct involving children?

☐ Yes ☐ No

Is there any other disciplinary action or investigation pending by an employer or other organization for violence, sexual misconduct, or misconduct with children?

☐ Yes ☐ No

Have you been reprimanded or asked to leave or end involvement with any program providing services to children?

☐ Yes ☐ No

REFERENCES

Please provide one professional reference, one personal reference, and one family member. References must include one member of the opposite sex.

	Name:	Phone:	How do you know this person?
Professional Reference:			
Personal Reference:			
Family Member Reference:			

I certify that the information given herein is accurate and complete to the best of my knowledge. I authorize the investigation of all information contained in this application.

I understand that my continued employment will depend upon the successful completion of work as described by the management of Catch Swim Schools, LLC

I understand that employment with Catch Swim Schools, LLC is considered "employment at will" meaning that the employee may resign at any time and the employer may discharge the employee at any time.

I authorize an inquiry into my background by all persons, schools, corporations, credit bureaus, law enforcement agencies, doctor or other consumer reporting agencies to supply information concerning my previous employment, education, credit, driving record, etc.

 / /

Signature

Date

Emergency Contact Name:	Relation:	Home Phone:	Cell Phone:

Employer Use:

PERSONAL INFORMATION

Date (mm/dd/yy): / / Name: Phone:

Address: City: State: Zip Code:

Drivers License #: Social Security #: Sex: Date of Birth (mm/dd/yy): / /

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other:

How long have you lived at your current address?

Previous Address: City: State: Zip Code:

List all other cities and states where you have lived as an adult:

City:	State:	City:	State:

HISTORY OF EMPLOYMENT INVOLVING CHILDREN

Please list all employment involving children or minors (List each organization's name and address, type of work, dates, and a contact person familiar with your work there. **(Please submit an additional page for more space, if necessary)**)

Company Name:	Address:	Date From:(mm/yy):
		/
Contact Name		Date To:(mm/yy):
		/
Type of Work:		
Company Name:	Address:	Date From:(mm/yy):
		/
Contact Name		Date To:(mm/yy):
		/
Type of Work:		
Company Name:	Address:	Date From:(mm/yy):
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Contact Name		Date To:(mm/yy):
		/
Type of Work:		
Company Name:	Address:	Date From:(mm/yy):
		/
Contact Name		Date To:(mm/yy):
		/
Type of Work:		

TRAINING & ACCOMPLISHMENTS

List any talents, vocations, preparation, training or other experiences that have equipped you to work with children or minors:

Because we care for children and desire to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy in every possible context. It is the position of Catch Swim Schools, LLC that suspicions, or allegations of child abuse or neglect will be reported to relevant state authorities.

Why do you want to work with children or minors?

Do you have a preference concerning the age group or sex of children or minors with whom you would like to work? If so, what is the basis for this preference?

What is your philosophy concerning re-direction or discipline of children?

When you are unhappy, angry or emotional about a person or circumstance, what do you do?

Have you ever physically or sexually abused a child?

☐ Yes ☐ No

Has someone ever accused you of physically or sexually abusing a child, or molesting a child?

☐ Yes ☐ No

RELEASE

I authorize Catch Swim Schools, LLC to contact all individuals, organizations and references listed on this Safety Application Form or my Application for Employment in order to verify the information I have provided. I agree to release from liability any person or organization providing information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

I specifically authorize Catch Swim Schools, LLC to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature

Date