

Personal Information

Name (Last)			(First)			(Middle)		
Home Address				City		State		Zip
Home Phone		Work Phone		Other Phone		E-Mail Address		
If you are under the age of 18, please state your date of Birth _____ Social Security # _____								
Position you are applying for: _____						What shifts are you interested in working?		
Date you are available: _____						Circle all that apply: Full-Time Part-Time Summer		
Days and Hours available for work:						How many hours/week would you like to work? _____		
						How many hours/day would you like to work? _____		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Vacation Dates: _____		
From:	From:	From:	From:	From:	From:	How were you referred to us? _____		
To:	To:	To:	To:	To:	To:	_____		

Education

Type of School	Name and Location of School		Degree/Area of Study	Number of yrs attended	Graduated?
High School	Name	City			
College	Name	City			
Graduate School	Name	City			
Other	Name	City			

Special Skills

Certifications: (circle one)			Other training, skills, or certifications that may apply:		
CPR	yes	no	_____		
WSI	yes	no			
Lifeguard	yes	no			
Other					

Computer Skills

Extracurricular Activities

Employment History

List employment with your current and other most recent positions. Account for any time during this period that you were unemployed by stating the nature of your activities.

Dates	Employer name and Information			Position & Duties	Salary/Wages	Reason for Leaving
Most Recent:						
From:	Name	Phone		Your job title	Starting	
To:	Address	City/State	Zip	Duties	Final	Supervisor's name
Job #2						
From:	Name	Phone		Your job title	Starting	
To:	Address	City/State	Zip	Duties	Final	Supervisor's name

References (Do not list relatives)

Name	Address	Years Known	Title	Phone Number

In submitting this application for employment with Walker's Swim Kids, LLC, I understand that an investigation may be made whereby information obtained regarding my character, previous employment, general reputation, educational background, credit record and criminal history. I authorize anyone possessing this information to furnish it to Walker's Swim Kids, LLC and/or a 3rd party company upon request and I release anyone so authorized, Walker's Swim Kids, LLC, and any 3rd party company from all liability or damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required by all rules and regulations of Walker's Swim Kids, LLC.

I understand and agree that if employed, the employment will be "at will." That is, either I or Walker's Swim Kids, LLC may end employment relationship at anytime, for any reason, or for no reason. I understand that receipt of this application by Walker's Swim Kids, LLC does not imply employment and that this application and/or other Walker's Swim Kids, LLC documents are not contracts of employment.

Applicant's Signature: _____ Date Signed: _____

Waiver of Release/Liability

I recognize that swimming is a HAZARDOUS activity. I recognize and accept all risks inherent in the sport of swimming, including but not limited to , paralyzing injuries and death. I agree to participate in The Walker's Swimming Program and hereby agree to indemnify and hold harmless Liz Walker and pool owners while participating in The Walker's Swimming Program. I agree to indemnify The Walker's Swimming Program for any damages incurred arising from any claims, demand, action or cause of action by me. I authorize any representative of The Walker's Swimming Program to have me treated in any medical emergency during their participation in The Walkers Swimming Program. Further, I agree to pay all cost associated with medical care and transportation for me.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Applicant's Signature: _____ Date Signed: _____

Emergency Contact Information

Name	Work #	Home #	Other #