

APPLICATION FOR EMPLOYMENT
LIVERMORE SWIMMING POOL

DATE _____

NAME _____ SOCIAL SEC. # _____

ADDRESS _____

TELEPHONE _____ BIRTH DATE _____ SINGLE _____ MARRIED _____

INCOME TAX EXEMPTIONS _____

PHYSICAL DISABILITIES OF CHRONIC ILLNESSES _____

FAMILY PHYSICIAN _____ ARE YOU PRESENTLY UNDER DR'S CARE _____

POSITION DESIRED _____ FULL TIME _____ SUB _____

TRAINING FOR THIS POSITION (JR. LIFESAVING, SR. LIFESAVING, WSL, etc.) _____

OTHER SPECIALIZED TRAINING AND EXPERIENCE _____

WHY DO YOU CHOOSE POOL WORK _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

EDUCATION:

NAME AND LOCATION OF SCHOOL OR COLLEGE

GRADE JUST COMPLETED

FORMER EMPLOYERS AND EXPERIENCE

NATURE OF EXPERIENCE

PERIOD FROM & TO

PERSONAL REFERENCES (NOT RELATIVES) (THREE PLEASE)

NAME

ADDRESS

PHONE

BUSINESS

APPLICANTS PLEASE DO NOT WRITE IN SPACE BELOW

INTERVIEW

BY _____ DATE _____

POSITION _____ FULL TIME _____ SUB _____

REMARKS _____

HOURLY RATE _____ SIGNED _____

The City of Livermore is an equal opportunity employer.