

Waugh Chapel Swim Club Employment Application

Personal Information

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Telephone () _____ Email Address _____

Are you under age 18 ___YES ___NO If yes, can you provide proof of your eligibility to work? ___YES ___NO
 Are you currently authorized to work in the U. S.? ___YES ___NO. *Proof of eligibility will be required if hired.*
 Are you members of WCSC & plan to have the annual fee paid by May 1, 2018? ___ YES ___ NO

Position applied for _____ When are you available to start work? _____

Education

Type of School	Name of School	Location	Graduation Year	Current GPA
High School				
College				

Work Experience

Please list your work experience, beginning with your most recent job held.

Dates of Employment	Company Name	Position Held	Reason for Leaving	Manager's Name & Number

References

Please list three references. *Do not include family members.*

	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Telephone			
Email			

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment.

Signed _____

Date _____