



APPLICANT INFORMATION										
Last Name			First			M.I.	Today's Date			
Street Address					Apartment/Unit #					
City				State		ZIP				
Phone				E-mail Address						
Date of Birth			Position Applied for			Swim Instructor / Customer Service / Lifeguard				
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EXPERIENCE										
Please select all that apply:										
Swim Instructor			Swim Coach			Lifeguard		In water therapy aid		
Please describe levels taught (Infants/Toddler, Age Group, Swim Team, Special Needs, Adult)										
Where did you teach at (Private Pool, YMCA, High School, Recreational Center, Other)										
Are you or have you ever been certified in any of the following?										
Lifeguard/CPR			Y	N	Certifying Institution:			Expiration Date:		
CPR/First AID			Y	N	Certifying Institution:			Expiration Date:		
WSI (Water Safety Instructor)			Y	N	Certifying Institution:			Expiration Date:		
USA Swim Coach				Y	N	Primary group taught:				
EDUCATION										
High School				City/State						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pending Date or Degree				
College				City/State						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pending Date or Degree				
Other				City/State						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pending Date or Degree				

REFERENCES*Please list three professional references. These references will be contacted.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
Ending Salary	\$		
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
Ending Salary	\$		
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
Ending Salary	\$		
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

This application is not a contract of employment. Interviewee must pass a background check and probationary training period.

Wisconsin is and "at will" State of employment. At any time Employer or Employee may terminate employment with Dolphin Swim Academy.

Signature

Date



Dolphin Swim Academy is located at 1500 Landmark Dr, Cottage Grove, WI 53527

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