

**TEANECK SWIM CLUB  
APPLICATION FOR EMPLOYMENT - NON-AQUATIC**

NAME \_\_\_\_\_ DATE OF BIRTH\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

T-SHIRT SIZE-ADULT (Check One)    SMALL    MED    LARGE    X-L    XX-L

**EMPLOYMENT HISTORY (List previous two positions, if available)**

1. \_\_\_\_\_

TITLE: \_\_\_\_\_ EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

2. \_\_\_\_\_

TITLE: \_\_\_\_\_ EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

**EDUCATION COMPLETED:**

HIGH SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

COLLEGE \_\_\_\_\_ YEAR \_\_\_\_\_

**REFERENCES (no friends or family members:**

NAME	RELATIONSHIP	EMAIL
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1. \_\_\_\_\_

2. \_\_\_\_\_

DATE ABLE TO START WORK: \_\_\_\_\_ LAST DAY AVAILABLE: \_\_\_\_\_

DAYS ABLE TO WORK: (Check all applicable) M    T    W    Th    F    Sa    Su

MORNINGS    ,    AFTERNOONS    ,    EVENINGS    (Check all applicable)

**\*\*CERTIFICATIONS (Check all you currently hold):** LIFEGUARD    WSI

CPR    AED    FIRST AID    BLOODBORN PATHOGEN

SPECIAL SKILLS: \_\_\_\_\_

Previous work experience related to the position for which you are applying:

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Submit your application to [manager@teanekswimclub.org](mailto:manager@teanekswimclub.org)

\*Applicants under age 18 must provide work permit from their school

\*\*Please submit copies of any current certifications