

Stones Crossing Swimming Club, Inc.  
P.O. Box 3356 Easton, PA 18043-3356  
610-252-7724

Application for Employment

Personal Background

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone # : \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Position Applying for: please circle      Snack Bar      Lifeguard      Management

Full Time      Part Time      Hours Available: \_\_\_\_\_

Anticipated Vacation Dates: \_\_\_\_\_

\_\_\_\_\_

Do you plan on being on the Stone's Crossing Swim Team?    YES      NO

Relevant Certifications:	Certification	Date Obtained	Issuing Program	Expiration Date

Other related skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:      Please list the names of two persons you would like to use as a reference.

1      \_\_\_\_\_  
    Name                                      Relationship                                      Telephone

2      \_\_\_\_\_  
    Name                                      Relationship                                      Telephone

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in my employment termination.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Interviewed by:** \_\_\_\_\_      **References checked by:** \_\_\_\_\_

Department:    100- Manager    200- Assist. Mgr.    300- Lifeguard    400- Snack bar    500- Coaches    600- Other

Hired By: \_\_\_\_\_