

WHITESBURG RECREATION ASSOCIATION

Employment Application

Date Received:



Applicant Information			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell Phone	E-mail	
Date Available	Social Security No.		Date of Birth
Position Applying for:	<i>Please put a number by all of the positions you would like to be considered for, ranking accordingly.</i> _____ Lifeguard _____ Pool Manager _____ Head Swim Team Coach _____ Assistant Pool Manager _____ Assistant Swim Team Coach		
Are you a U.S. citizen?	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"/>	
Are you a WRA Member?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, have you been a member in the past? If so, when?	
Have you ever worked for WRA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	

Education			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Training/Certification <small>(Proof of certifications is mandatory for all employment)</small>			
WSI/LIFESAVING:		Certificate Title:	
Issue Date	Exp.Date	Certificate Agency	Instructor's Name:
FIRST AID:		Certificate Title:	
Issue Date	Exp.Date	Certificate Agency	Instructor's Name:
POOL OPERATOR'S COURSE:		Certificate Title:	
Issue Date	Exp.Date	Certificate Agency	Instructor's Name:
OTHER CERTIFICATIONS APPLICABLE:		Certificate Title:	
Issue Date	Exp.Date	Certificate Agency	Instructor's Name:
<i>*Please return a copy (not original) of all certification cards related to the position(s) you are applying for. If you have not received your certification, but will be completing the course prior to the opening of the pool (end of May), please indicate where you intend to take the course, and the completion date.</i>			

Availability
First Day Available to Work:
Last Day Available to Work:
List all known or possible dates that you will not be available to work: (Vacations, seminars, church retreats, sports camps) Please be as accurate as possible:

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"/>			

Additional Information
Give any additional information that would be helpful in determining your employment with WRA.

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.	
Signature	Date

Please complete this application, and email as attachment to: sullins@knology.net
or mail to 610 Sanders Rd. Huntsville, Alabama 35802