



Employee Application

Name: Last:	First:	Middle:	Date:
Address:	City:	State:	Zip:

Phone:	Email:
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Position Applied For:

Date Available to Start:	Availability	Days/Hours
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Summarize your Special Skills or Qualifications:	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	

Applying for:	Full Time	Part Time	Temporary	Seasonal
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Certifications:	Lifeguard Training	First Aid	CPR	WSI
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Work Experience-List Most Recent Job First

From: To:	Employer's Name/Address/Phone	Job Title	Reason for Leaving
From: To:	Employer's Name/Address/Phone	Job Title	Reason for Leaving
From: To:	Employer's Name/Address/Phone	Job Title	Reason for Leaving

References

Name	Title	Company	Phone

Education

School Name	Location	Years Attended	Degree Received	Major