



Employee Application

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

Phone:	Email:
--------	--------

Position Applied For:

Date Available to Start:	Availability	Days/Hours
--------------------------	--------------	------------

Summarize your Special Skills or Qualifications:	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	

Applying for:	Full Time	Part Time	Temporary	Seasonal
---------------	-----------	-----------	-----------	----------

Certifications:	Lifeguard Training	First Aid	CPR	WSI
-----------------	--------------------	-----------	-----	-----

Work Experience-List Most Recent Job First

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

Please take your time to complete the back section

Company Questions

Do you have a connection with NHSTC? If yes, please explain:

Why are you applying for the position you are applying for?

What would make you a good fit for NHSTC?