

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or nation origin.

Date Of Birth ___/___/___ AGE: ___

PERSONAL INFORMATION

DATE ___/___/___ e-mail Address: _____

Name _____
Last First Middle Social Security #

Mailing Addresses: _____
Street City State Zip

Phone No. _____ Referred by: _____

EMPLOYMENT DESIRED

Position: _____ Date You can start ___/___/___ Salary desired _____
Counselor/Coach/CIT

Are you employed now? _____ If so may we inquire of your present employer? _____

Ever worked with SGASC before? _____ When? _____

EDUCATION Name & Location Of School Circle Last Year Completed Did you Graduate? What did you Study?

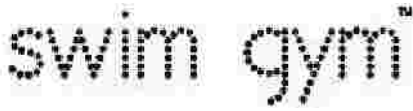
HIGH SCHOOL 1 2 3 4

COLLEGE 1 2 3 4

Have you worked with children before? When & Where?

Other activities & subjects of special study: (i.e. certifications)

Are you certified in: [] CPR [] First Aid [] Lifeguarding [] CPR for Pro [] WSI [] Others _____



FORMER EMPLOYERS List Below last three employers, starting with last one first

Date Month & Year From To	Name & Address Of employer	Salary	Position	Reason for living
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year

NAME	ADDRESS	BUSINESS	YEAR ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PHYSICAL RECORD: Do you have any physical condition which may limit your ability to perform the job applied for?

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE No
_____	_____	_____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATE AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE: _____ SIGNATURE: _____