



Date of Application: \_\_\_\_\_

Please Print Clearly and Completely

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address City State Zip

Cell \_\_\_\_\_ Email \_\_\_\_\_

Where did you hear of FSS? \_\_\_\_\_

Have you ever pleaded guilty, no contest, or been convicted of a crime? \_\_\_\_\_ Y/N If yes, please explain:

Are you fluent in languages other than English? Y/N If so, please list:

Do you currently have any of the following certifications?

CPR \_\_\_\_\_ First Aid \_\_\_\_\_ Lifesaving \_\_\_\_\_

When are you available to start training? \_\_\_\_\_

What days are you available to work once training is complete? Please indicate AM/PM

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Education:

High School: \_\_\_\_\_

Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

College \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Degree, if any: \_\_\_\_\_

Work Experience:

Please list most recent first

From	To	Employer
Title		Address
Supervisor	Employment Responsibilities	
Phone	Reason for Leaving	

From	To	Employer
Title		Address
Supervisor	Employment Responsibilities	
Phone	Reason for Leaving	

From	To	Employer
Title		Address
Supervisor	Employment Responsibilities	
Phone	Reason for Leaving	

References:

Please list 3 employment references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

I certify that the information I have provided is true and correct to the best of my knowledge. I authorize Florida Swim School to make inquiries into any and all information provided herein.

\_\_\_\_\_

Signature of Applicant