



Swim Boca
 Swim Boca, LLC
 888-576-7946

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			TELEPHONE NUMBER
CITY, STATE, ZIP			ALTERNATE NUMBER
POSITION DESIRED			SOCIAL SECURITY #
HOURS DESIRED			SALARY DESIRED
ARE YOU A CITIZEN OF THE U.S. OR LEGALLY AUTHORIZED TO WORK IN THE U.S.?			Yes <input type="checkbox"/> No <input type="checkbox"/>
ARE YOU UNDER 18? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, WHAT IS YOUR DATE OF BIRTH?			
OTHER SPECIAL TRAINING OR SKILLS?			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?

EDUCATION HISTORY					
SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA	SUBJECTS STUDIED
GRADUATE					
COLLEGE					
BUSINESS / TRADE					
HIGH SCHOOL					

OTHER	
ARE YOU CURRENTLY EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>
HOW DID YOU HEAR ABOUT THIS POSITION?	

CERTIFICATIONS		
CERTIFICATION	DATE OF COMPLETION	EXPIRATION DATE
C.P.R.		
FIRST AID		
LIFEGUARD		
W.S.I.		
OTHER		

FORMER EMPLOYERS (LIST MOST RECENT EMPLOYERS FIRST)					
Dates Worked	Position	Company Name	Location	Reason for Leaving	Start Salary/ End Salary
					/
					/
					/
					/

AGREEMENT TO INVESTIGATION AND RELEASE	
READ CAREFULLY AND ACKNOWLEDGE BY YOUR WRITTEN SIGNATURE AND TODAY'S DATE	
<p>I certify that the facts set forth in this application are true and complete, and I authorize investigation of the statements I have made.</p> <p>I release from any and all liability all representatives of Swim Boca, LLC for their acts performed in good faith and without malice in connection with evaluating my applications, credentials, and qualifications. I further authorize any party having information bearing upon my qualifications for employment to release such information to Swim Boca, LLC (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to Swim Boca, LLC in good faith and without malice concerning my employment competence, ethics, character and other qualifications, including other privileged or confidential information and, if I am employed, I also authorize Swim Boca, LLC to release such similar information to prospective future employers, and I release Swim Boca, LLC and its employees from any liability or damages that may result from providing such information.</p> <p>I understand that any false statements or omissions concerning requested information on this application shall be a sufficient basis for denial of employment or summary dismissal. I also understand that my employment at Swim Boca, LLC is contingent upon the satisfactory completion of a background check and investigation of my work record and references.</p> <p>I understand that if I am employed by Swim Boca, LLC, my employment can be terminated by either Swim Boca, LLC or me at will, with or without cause, and with or without notice, at any time. I understand that no one at Swim Boca, LLC, other than the President, has the authority to alter, orally or in writing, this terminable-at-will status of employment.</p>	
_____	_____
Signature of Applicant	Date
NONDISCRIMINATION	
<p>It is the policy of Swim Boca, LLC to consider all applicants for employment without regard to age, race, religion, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, military reserve status or any other unlawful basis.</p>	

THIS SECTION FOR INTERVIEWER ONLY	
POSITION HIRED FOR:	SALARY AGREED UPON: