



## Application For Employment

An Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

### Personal Information

Name (Last)	(First)	(Middle)	Date				
Home Address		City	State Zip				
Home Phone	Alternate Phone	Email Address					
( )	( )						
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state your date of birth: _____							
Social Security #		Driver's License #					
Position desired: _____ Pay desired: _____ Referred by: _____							
Date you can start: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer Only							
Vacation Dates:							
<b>Days &amp; Hours available</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
	From:	From:	From:	From:	From:	From:	From:
	To:	To:	To:	To:	To:	To:	To:
Have you ever been convicted? (Include all pleas of "no contest" and/or "guilty", excluding traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, give details: (a conviction will not necessarily disqualify an applicant)							
_____							
Are you physically able to perform the skills necessary to complete the duties of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If no, explain: _____							
Have you ever been fired from a job or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____							

### Employment History

List employment with the most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.				
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact your past employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dates	Name and address of employer	Position & Duties	Salary/Wages	Reason for Leaving
From:	Name Phone	Your Job title	Starting	
To:	Address City/State Zip	Duties	Final	Supervisor Name
From:	Name Phone	Your Job title	Starting	



**Education**

Type of School	Name and Location of School		Degree/ Area of Study	Number of years attended	Graduated Circle one	
High School	Name	City			Yes	No
College	Name	City			Yes	No
Graduate School	Name	City			Yes	No
Other	Name	City			Yes	No

**Special Activities/Certifications**

Which of the following certifications do you have:

<input type="checkbox"/> Lifeguard	Date on card:	<input type="checkbox"/> WSI	Date on card:
<input type="checkbox"/> CPR	Date on card:	<input type="checkbox"/> First Aid	Date on card:
<input type="checkbox"/> Other	Date on card:		
<input type="checkbox"/> Other	Date on card:		

**Honors Received/ Athletic Achievements/ School Clubs**

Please list any athletic, academic, or civic activities which may be appropriate to the position you are applying: (exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age disability or other protected status)

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**Professional References (May not list relatives)**

Name	Address	Years Known	Title	Work #

I understand and agree that Aqua-Tots shall administer background checks on new employees having sensitive positions including but not limited to those positions which (1) handle cash; (2) are responsible for facility security (3) have occasion to be alone with children. I understand and agree that employment is conditional upon the results of these checks. I certify that all information provided in this Application for Employment is true, correct and complete. I understand that any false or misleading information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any and all statements contained in this application.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE OF EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE DULY AUTHORIZED REPRESENTATIVE OF THE EMPLOYER AND THE EMPLOYEE, IF EMPLOYED.

I hereby release and hold Aqua-Tots from any and all claims whatsoever, including but not limited to personal injury, arising out of or relating to any non-work hour and/or non-work related recreational activity provided to employee by or on behalf of Aqua-Tots. I further understand and agree that if employed, the employment will be "at will," which means that either party, the employee or Aqua-Tots, may end the employment relationship at any time, for any reason, or for no reason.

I have read, understand, and by my signature, consent to these statements.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

This application for employment will remain active for a limited period of time.



**EMPLOYMENT BACKGROUND INVESTIGATION AUTHORIZATION**

- I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Aqua-Tots Swim Schools, LLC. may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Aqua-Tots Swim Schools, LLC to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.

- IV. I hereby authorize, without reservation, any one contacted by Aqua-Tots Swim Schools, LLC to furnish the information described in Section 1.
- V. I hereby authorize, without reservation, Aqua-Tots Swim Schools, LLC to contact my present employer for employment verification/references.

**APPLICANT: COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
**Please print other names you have used      Social Security Number**

Supplying your Social Security Number is optional. Your Social Security Number will only be used in order to confirm your identity for purposes of completing an accurate background investigation.

**Date of Birth** - The Age Discrimination in Employment Act of 1967 and the Arizona Civil Rights Act prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

\_\_\_\_\_  
**Home Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Driver's License Number and State**

\_\_\_\_\_  
**Name as it appears on License**

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record?    No    Yes    If yes, please explain:

\_\_\_\_\_  
Aqua-Tots Swim Schools, LLC. will consider the nature of the offense, relation to the position for which you are applying, time since conviction, and all other relevant facts and circumstances in determining whether or not to disqualify you from consideration.

**FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE:** In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statue(s).