



**Plymouth
Swim Club**

Plymouth Swim Club
1724 Gallagher Road
Plymouth Meeting, PA 19462
610-277-0528/FAX 610-277-4171
www.plymouthswimclub.org
plymouthswimclubHR@gmail.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to start: _____ Available through _____ Time off needed.: _____

Expected pay _____ Do you need working papers? YES / NO

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Lifeguard Information

Do you have your certifications? YES NO

Lifeguarding & First Aid date exp. _____ / CPR & AED date exp. _____

Shirt size S M L XL XXL Tank top / T-shirt
MEN'S Suit Size S M L XL XXL
LADIES' Suit Size 4/28 6/30 8/32 10/34 12/34 14/40 1 or 2 piece

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Clearance Requirements for Applicants over the age of 18

CHILD PROTECTIVE SERVICES LAW COMPLIANCE (Background Check of Prospective Employees)

Each Pennsylvania resident must submit:

- a copy of a report of Criminal History Record Information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police Central Repository contains no such information relating to that person. The report must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment. •
- a copy of a federal criminal record history from the Federal Bureau of Investigation. The criminal record history report must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment.
- a copy of an official clearance statement obtained from the Pennsylvania Department of Public Welfare or a statement from the Department of Public Welfare that no record exists (PA Child Abuse History Clearance) . The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL report prior to employment. •

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I have provided and any other party necessary to verify the accuracy of the information I disclosed in this application, a related employment resume or personal interview.

This application will expire in 30 days. After that date unless otherwise notified I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time and the employer may terminate my employment at any time without cause and without prior notice unless required by law.

I FULLY UNDERSTAND AND ACCEPT ALL THE TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

Signature: _____ Date: _____

OFFICE USE ONLY: Date of hire _____ Starting wage _____

Certifications on file: _____ Lifeguarding & First aid _____ CPR & AED _____ Other _____

Clearances on file: _____ State Police _____ FBI _____ DPW _____

EMERGENCY CONTACT

Name: _____ Relation: _____

Phone 1: _____ Phone 2: _____