



**Plymouth  
Swim Club**

**Plymouth Swim Club**  
1724 Gallagher Road  
Plymouth Meeting, PA 19462  
610-277-0528/FAX 610-277-4171  
[www.plymouthswimclub.org](http://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 | 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: \_\_\_\_\_