

APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date
Street Address		Home Telephone ()	
City	State	Other Telephone ()	
Zip		E-mail	
Have you ever applied for employment with us? []Yes []No If "Yes," Month and Year_____		E-mail	
Are you available to work full time? []Yes []No If "No," what hours can you work?_____		What is your major?	
Do you require a work permit? []Yes []No		Will you work over time if asked? []Yes []No	
Other special training or skills.		When will you be available to begin work?	

School	Name and Location of School	Course of Study	No. of Years Completed	Degree or Diploma.
Graduate				
College				
Business/Trade				
High School				
Elementary				

Membership in Professional/Civic Organizations or Hobbies:

(exclude those which may disclose your race, color, religion, or national origin)

Employment History

Employer:	Your Job Title:
Address:	Duties:
Supervisor:	Employed from: to:
Phone:	Reason for leaving:
Employer:	Your Job Title:
Address:	Duties:
Supervisor:	Employed from: to:
Phone:	Reason for leaving:
Employer:	Your Job Title:
Address:	Duties:

Supervisor:	Employed from: _____ to: _____
Phone:	Reason for leaving:

References (Please list five people who are not relatives.)

Name	How do you know them?	Telephone #
1.		
2.		
3.		
4.		
5.		

Have you ever been employed by ASI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you certified in First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you certified in CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers? _____	Are you certified in Life Guarding? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No
If "Yes," describe:

State names of relatives and friends working for the CSUS Aquatic Center.

Are there accommodations that would be required for you to accept this position? Yes No
If "Yes," describe:

Do you have a Class B Driver's License? Yes No

Driving Record – Any moving violations? Yes No
If "Yes," how many violations? _____ What type of violations? _____

Other qualifications you might have that would further qualify you for the position you are applying for.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements checked by the Sacramento State Aquatic Center or Associated Students unless I have indicated otherwise. I authorize the references listed above, as well as all other individuals whom Sacramento State Aquatic Center or Associated Students contacts, to provide Sacramento State Aquatic Center and Associated Students any and all information concerning my previous employment and any other pertinent information that they may have. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive any offer or, if I am hired, my immediate dismissal for employment. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date

Signature