

UPPER HIGHLANDS

— S W I M C L U B —

JOB APPLICATION

Upper Highlands Swim Club

2411 Parkdale Avenue, Louisville, Kentucky 40220

Upper Highlands Swim Club is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for (check all that apply):

Lifeguard

Concession Stand Worker

Manager

How did you hear about this position? _____

What days are you available for work? _____

Note: Weekend shifts are required.

All special requests for time off must be approved by manager in advance. _____

What hours or shift are you available for work? _____

On what date can you start working if you are hired? _____

Personal Information

Have you ever applied to or worked for Upper Highlands Swim Club before? YES NO

If yes, when? _____

Do you have any friends, relatives, or acquaintances working for Upper Highlands Swim Club YES NO

If yes, state name & relationship: _____

Are you a U.S. citizen or approved to work in the United States? YES NO

What document can you provide as proof of citizenship or legal status? _____

Do you have any condition which would require job accommodations? YES NO

If yes, please describe accommodations required below. _____

Job Skills / Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Upper Highlands Swim Club complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

Grade School Name: _____

Location (City, State) _____ Year Graduated/Current Grade _____

High School Name: _____

Location (City, State) _____ Year Graduated/Current Grade _____

College/University Name: _____

Location (City, State) _____ Year Graduated/Current Grade _____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address / City / State / Zip: _____

Employer Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address / City / State / Zip: _____

Employer Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address / City / State / Zip: _____

Employer Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

Emergency Contact

Name: _____

Number: _____

References

Please provide one personal and professional reference(s) below:

Name and Contact Information _____

Name and Contact Information _____

Name and Contact Information _____

Additional Information

Date your Lifeguard certification expires: _____

AT-WILL EMPLOYMENT

The relationship between you and the Upper Highlands Swim Club is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Upper Highlands Swim Club. No representative of Upper Highlands Swim Club has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will”, and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company’s President.

Applicant Signature: _____ Date: _____



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