

DOLFIN SWIM SCHOOL, INC.

4347 W. Northwest Hwy, Suite 120-273
Dallas, Texas 75220 (214) 361-4542

Application for Employment

Personal Information

Name (last)		(First)		(Middle)				
Home Address			City		State		Zip	
Home Phone		Work Phone		Cell Phone		Email Address		
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If you are under the age of 18 please state your date of Birth _____						Social Security #		
Position you are applying for: _____						What shifts are you interested in working?		
Date you are available: _____						Circle all that apply: Full- Time Part- Time Summer		
Vacation Dates: _____								
Days & Hours available for work	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	How were you referred to us _____ _____ _____
	From:	From:	From:	From:	From:	From:	From:	
	To:	To:	To:	To:	To:	To:	To:	

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 Skills

Please list any training, skills, certifications (C.P.R., W.S.I., Lifeguard) or licenses which may be appropriate to the position you are applying for and expiration dates:

Computer Skills

Honors Received/ Athletic Achievements/ School Clubs

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 No May we contact your past employer? Yes No

Date	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	
To:	Address City/ State Zip	Duties	Final	Supervisor Name

References (May not list relatives)

Name	Address	Years Known	Title	Work #

In submitting this application for employment, I understand that an investigation may be made whereby information may be obtained regarding my character, previous employment, general reputation, educational background, credit record and criminal history. I authorize anyone possessing this information to furnish it to Dolfin Swim school and/ or a 3rd party company upon request and I release anyone so authorized, Dolfin Swim School, and any 3rd party company from all liability or damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Dolfin Swim School, Inc.

I understand and agree that if employed, the employment will be "at will." This is either I or Dolfin Swim School may end my employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Dolfin Swim school does not imply employment and that this application and/ or any other Dolfin Swim School documents are not contracts of employment.

Applicant's Signature: _____

Date Signed: _____

Emergency Contact Information

Name(s)	Address	Cell #	Home #	Other #

New Applicants Only:

Please answer the following questions in the space provided below:

1. Describe how you would work with a fearful child on the FIRST DAY of swimming lessons and later how you would help him/her overcome his/her fear of water during the first session.

2. Describe yourself with adjectives. How would those character traits be seen by an onlooker?