

**ARETE SWIM CAMP**

Employment Application



**APPLICANT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name |  |  | First |  |  | M.I. | Date |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Street Address |  |  |  |  |  |  | Apartment/Unit # |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| City |  |  | State |  |  | ZIP |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Cell |  |  | E-mail Address |  |  |  |
| Phone |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Sessions |  |  |  |  |  | Social Security |  |  |  |
| Available |  |  |  |  |  | No. |  |  |  |
| Position Applied for(Day or Resident Counselor) |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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 a swim camp? | YES | NO | If so, 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 | Degree |
|  |  |  |  |  |  |
| College |  |  | Address |  |  |
|  |  |  |  |  |  |
| From | To | Did you graduate? | YES | NO | Degree |
|  |  |  |  |  |  |
| Other |  |  | Address |  |  |
|  |  |  |  |  |  |
| From | To | Did you graduate? | YES | NO | Degree |
|  |  |  |  |  |  |



**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 SWIMMING EXPERIENCE AND/OR EMPLOYMENT**

Swimming Experience

Coaching Experience

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Certifications You Hold and Expiration: Lifeguard | CPR | First Aid | USA Swimming Coach |  |
|  |  |  |  |  |  |  |  |
|  | Other Special Certifications or abilities? |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Professional Goals: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**MILITARY SERVICE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Branch | From | To |
|  |  |  |
|  | Rank at Discharge | Type of Discharge |
|  |  |  |  |
|  | If other than honorable, explain |  |  |



**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.

Signature Date

**Return Application to:** ARETE SWIM CAMP, 9 Carolin Rd, Montclair, NJ 07043 **Phone:** 732:921-5989 **Email:** areteswimcamp@gmail.com