Koon's Memorial Park Swim Club

Employment Application

| 12.18 | | Ap | plicant | Informa | tion | E BENEVI | | | | | | |
|-------------------|---|------------------------------------|----------------|------------|----------------------------|--------------|------------------------|---------|----------|-------------------------------|----|--|
| Full Name: | | | | | | Date: | | | | | | |
| Address: | Last | Firs | First | | | | M.I. Apartment/Unit # | | | | | |
| | Street Address | | | | | | | | | | | |
| | City | | | | | Sta | ate | | ZIP Code | ter control of the control of | | |
| Phone: (|) | | E-n | nail Addre | ss: | Desired I | Hourly | | | | | |
| Date Availat | Social Security No. cross Certification Ex | Security No.: rtification Expires: | | | Wage: \$ Date CPR Expires: | | | | | _ | | |
| Have you ev past? | tizen of the United Stat ver worked for this poo ver been convicted of a in: | I is the YES YES | NO NO NO | If no, are | - | horized to v | vork in | the U.S | 3.? | YES | NO | |
| Education | | | | | | | | | | | | |
| High School | : | А | ddress | | NO | | | | | | | |
| From: | To: | Did you gra | aduate? | YES | NO | Degree: | | | | | | |
| College: | | Α | ddress | : YES | NO | | | | | | | |
| From: | To: | Did you gra | aduate? | | | Degree: | | | | | | |
| Other: | | A | ddress | : YES | , NO | | | | | | | |
| From: | То: | Did you gra | | ? 🗆 | | Degree: | | | | | | |
| | | Pe | rsonal | Referen | ces | | | | | | | |
| Full Name: | | | | Relations | shin. | | | | | | | |
| Company: | | | | rtoladorit | , inp. | Phone: | (|) | | | | |
| Address: | | | | | | | • | • | | | | |
| Full Name: | | | | Relations | ship: | | | | | | | |
| Company: | | | | | | Phone: | (|) | | | | |
| Address: | | | | | | | | | | | | |
| Full Name: | | | | Relations | ship: | | | | | | | |
| Company: | | | | | - | Phone: | (|) | | | | |
| Address: | | | | | | | | | | | | |

| | | Flevious Eili | лоуш | • | | | | | | |
|---|------------------------|-------------------|--------|-------|-------------|----------------|-------------|--|--|--|
| Company: | | | | | Phone: | () | | | | |
| Address: | | | | | Supervisor: | | | | | |
| Job Title: | | Starting Sala | ry: \$ | | | Ending Salary: | \$ | | | |
| Responsibilities: | | | | | | | | | | |
| From: | То: | Reason for Leavin | ng: | | | | | | | |
| May we contact your pre | vious supervisor for a | ES | NO | | | | | | | |
| Company: | | | | | Phone: | () | | | | |
| Address: | | | | | Supervisor: | | | | | |
| Job Title: | | Starting Sala | ry: \$ | | | Ending Salary: | \$ | | | |
| Responsibilities: | | | | | | | | | | |
| From: | То: | Reason for Leavin | ng: | | | | | | | |
| May we contact your pre | vious supervisor for a | | ES | NO | | | | | | |
| Company: | | | | | Phone: | () | | | | |
| Address: | | | | | Supervisor: | | | | | |
| Job Title: | | Starting Sala | ry: \$ | | | Ending Salary: | \$ | | | |
| Responsibilities: | | | | | | | | | | |
| From: | То: | Reason for Leavi | ng: | , | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | |
| | | Military Se | ervice | | | | | | | |
| Branch: | | | | | From: | To: | | | | |
| Rank at Discharge: Type of Discharge: | | | | | | | | | | |
| If other than honorable, explain: | | | | | | | | | | |
| | | Disclaimer and | Signa | ature | 2/425/4 | \$ 60,50 (S) | 25/87/37/51 | | | |
| I certify that my answers are true and complete to the hest of my knowledge | | | | | | | | | | |
| 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 completed application to: Koons Memorial Park Swim Club P O Box 6095 | | | | | | | | | | |

Harrisburg, PA 17112

Or email to: Ejbaylor22@yahoo.com