

Westridge Pool Association

Application for Employment

PO Box 24029 ~ West Omaha Station ~ Omaha, NE 68124

Position(s) applied for: _____ Date of Application: ____ / ____ / ____

Name:	Social Security #: - - -		
Address:	City:	State:	Zip:
Telephone #:	Cell Phone #:		
Email Address:			

Have you ever been employed here before? Yes/No If yes, give dates and positions:
Are you legally eligible for employment in this country? Yes/No
Date Available for work: ____ / ____ / ____ Desired Salary Range? \$_____
Type of employment desired: ____ Full Time ____ Part Time ____ Seasonal
Please list any scheduling conflicts/days and/or times of the week/times you prefer?
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes/No If yes, please provide the date(s) and details:
Answering "yes" to the question above does not constitute an automatic bar to employment. Factors, such as the date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.
What certifications do you currently hold? ____ POL ____ CPR Date Acquired: ____/____/____ ____ Red Cross Lifeguard Certificate Date Acquired: ____/____/____ ____ Other Are any of the certifications out of date? Yes/No If yes, which ones?

Skills and Qualifications:
Summarize any training skills, licenses, and/or certificates, and any experience that may qualify you to be able to perform the job-related functions in the position you are applying for:

References:
Name: Phone: Years Known:
Name: Phone: Years Known:
Name: Phone: Years Known:

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Application for Employment (continued)

Employment History			
Provide the following information regarding your previous two employers, assignments, or volunteer activities, starting with the most recent.			
From:	To:	Employer:	Telephone #:
Starting Title: Final Title:		Address	
Immediate Supervisor:		Telephone #:	
Summarize the nature of work performed and job responsibilities:			
May we contact immediate supervisor for a reference? Yes/No			
Reason for leaving:			
Hourly Rate/Salary		Start: \$ _____ per _____ Final: \$ _____ per _____	
From:	To:	Employer:	Telephone #:
Starting Title: Final Title:		Address	
Immediate Supervisor:		Telephone #:	
Summarize the nature of work performed and job responsibilities:			
May we contact immediate supervisor for a reference? Yes/No			
Reason for leaving:			
Hourly Rate/Salary		Start: \$ _____ per _____ Final: \$ _____ per _____	

Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with the employer is true and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented, will be sufficient cause to (a) cancel further consideration for position, or (b) immediately discharge me from the employer's service when it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from considerations for employment on a basis prohibited by law. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered, it will be necessary to reapply and fill out a new application. I certify that I have read, fully understand, and accept all its terms of the forgoing Applicant Statement.

Signature of Applicant: _____ Date: / / _____