

**CARSON VALLEY SWIM CENTER**  
**PO BOX 1972**  
**MINDEN, NV 89423**

**APPLICATION FOR PART-TIME EMPLOYMENT**

INSTRUCTIONS: Fill out the application completely and accurately. Statements on your application may be subject to verification. Attach additional information about your qualifications, if you wish. Be sure to sign the application.

1. Your Name:

2. Position Applying for:

Last First Middle

3. Phone Number: (H) (cell)

Emergency # Contact Person

4. Your Mailing Address: 5. Are you over 18yrs old? Yes No

Street City State Zip Code

If you move, notify us of your new address

If you respond yes to the following questions, please give details in remarks section below: Yes No

7. Do you have any physical condition which may be made worse or limit your ability to perform the job you have applied for? (You may be required to take a physical exam. \_\_\_\_\_

8. Have you ever been discharged or forced to resign from previous employment? \_\_\_\_\_

9. Have you been convicted of a criminal offense other than a minor traffic violation since your 18th birthday? \_\_\_\_\_

(A yes answer will NOT bar you from further consideration.

10. REMARKS:

11. **NOTE:** The position you have applied for is a part-time temporary position. There is no guarantee of hours assigned per week or of length of employment. You will be considered an "at will" employee. Applicants 18 and older will also be required to be fingerprinted at the Sheriffs Dept.

12. **WATER SAFETY CLASSES COMPLETED:**

CLASS	EXPIRATION DATE	WHERE TAKEN
CPR		
FIRST AIDE		
LIFEGUARD TRAINING		
OTHER		

13. EDUCATION: (Circle highest grade completed:)  
 8 9 10 11 12 High School, if attending now: \_\_\_\_\_

College 1 2 4 5 6

College or Universities Attended:	Dates	Units Comp.	Major Subject	Degree(s)	Year

14. Work History: List only those jobs you have been in recreation, teaching, group work or related fields. Put your most recent job first. You may wish to attach additional information. Be sure to include the phone number of your former employers.

Dates	Employer's Name	Description of Duties	Supervisor's Name	Reason for Leaving	From To	Address & Phone No.

15. Volunteer Experience: Describe type of work you did, name of Agency & dates of work.

16. Briefly describe the areas of Aquatic activities you are skilled in, can organize & teach.

17. When are you available to start work? \_\_\_\_\_

I affirm that all statements are true and complete to the best of my knowledge. I understand that Carson Valley Swim Center reserves the right to verify all information submitted with this application and I hereby authorize any prior employer to release any information to the Carson Valley Swim Center regarding any such prior employment. Any misstatements of material facts will subject me to disqualification or dismissal if discovered after employment. Successful candidates must pass a complete **drug test** and finger printing prior to employment. The position is safety sensitive and will be subject to random **drug testing**.

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_