

# READ MOUNTAIN SWIM APPLICATION

First Name:		Last Name:	
Address:			
Cell phone Number:		Home Phone Number:	
Email Address:			

Are you eligible to work weekdays? YES NO

Any restrictions on your time during the week: \_\_\_\_\_  
\_\_\_\_\_

Are you able to work weekends? YES NO

Any restrictions on your time during the week: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

If under 18 years of age, do you have your parent's permission to work?  
\_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_

Please list any certifications you hold and attach a photocopy of the certifications and return with application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked at Read Mountain Swim before? YES NO

If so, how long did you work for Read Mountain Swim?

Return completed applications and copies of certifications to [readmountainswimclub@gmail.com](mailto:readmountainswimclub@gmail.com) or by mail to Read Mountain Swim – P.O. Box 1094 – Vinton, VA 24179

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## EMPLOYMENT RECORD:

Please list chronologically starting with current or last employer:

Name and Address of Employer:	To and From Date:	Job Title/Job Function/Responsibilities:

## REFERENCES:

### Reference 1:

Name:

Their Position (job title):

Work Relationship:

Telephone #:

Email:

### Reference 2:

Name:

Their Position (job title):

Work Relationship:

Telephone #:

Email:

## DECLARATION:

I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place my potential employment in jeopardy.

Signature:		Date:	
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