

**WHITE MEADOW LAKE - ATHLETICS STAFF APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

POSITION DESIRED:  SWIM TEAM COACH  ASST. SWIM TEAM COACH  TENNIS PRO

BATHING SUIT SIZE: \_\_\_\_\_ (MEN: M-L-XL; WOMEN: 32,34,36,38, etc)

**CERTIFICATIONS DATE OF COURSE EXPIRES**

**SWIM COACH**

**TENNIS PRO**

- LIFEGUARDING/WATERFRONT/FIRST AID\* \_\_\_\_\_ (Swim Team Coach, Asst. Swim Team Coach)
- CPR-AED for LIFEGUARDS\* \_\_\_\_\_ (Swim Team Coach, Asst. Swim Team Coach)
- SAFETY TRAINING FOR SWIM COACHES \_\_\_\_\_ (Swim Team Coach, Asst. Swim Team Coach)
- USS LEVEL 1 COACH \_\_\_\_\_ (Swim Team Coach)

- USPTA Certification  
 YES  NO

*\*VALID CERTIFICATION REQUIRED FOR EMPLOYMENT (INDIVIDUALS WILL NOT BE INTERVIEWED UNLESS THEY ARE CERTIFIED)*

**EXPERIENCE** (RELATED WORK EXPERIENCE ONLY):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**REFERENCES** (NO RELATIVES, PREFERABLY PREVIOUS EMPLOYERS):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**OTHER RELATED ACCOMPLISHMENTS** (SWIM TEAM, SWIMMING LESSONS, ETC.): \_\_\_\_\_

**WHEN ARE YOU AVAILABLE FOR AN INTERVIEW?** (Please list school breaks or days off) \_\_\_\_\_

Are you available to work from Memorial Day to Labor Day including weekends  YES  NO

If under 18, list age as of Memorial Day Weekend \_\_\_\_\_ Working papers required.  
NO PERSON WILL BE ALLOWED TO WORK UNLESS ALL THEIR PAPERWORK, COPIES OF CERTIFICATIONS AND WORKING PAPERS (necessary for applicants under 18 years of age) ARE ON FILE WITH THE POA OFFICE BEFORE EMPLOYEMENT BEGINS.

**BACKGROUND RECORDS:** (You may answer NO if your conviction was ordered sealed, expunged, or eradicated)

- Have you ever been convicted of a misdemeanor? If yes, please explain  YES  NO \_\_\_\_\_
- Have you ever been convicted of a felony? If yes, please explain  YES  NO \_\_\_\_\_
- Has your driver's license been revoked or suspended? If yes, please explain  YES  NO \_\_\_\_\_
- Do you use any illegal drugs?  YES  NO \_\_\_\_\_

I authorize investigation of all statements herein, including any checks of criminal records, and release the POA and all others from liability in connection with the same. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Parent Signature is required if applicant is under 18*

The information I have supplied to the questions on this application is truthful and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_