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| Chapman PoolLifeguard Application Form |

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| Section 1 Personal details |

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| --- | --- | --- | --- |
| Title: |  | Name: |  |

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| --- | --- | --- | --- | --- |
| Address: |  | | | |
|  | **Zip:** | | | |
|  | | | | |
| **Home Telephone No:** | |  | **Cell Telephone No**: |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you eligible to work Anytime? | | Yes |  | No |  |
| If no, what are your restrictions? |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you at least 16 years old and if under age 18 do you have your parents’ permission to work?** | Yes |  | No |  |
| **Do you hold a driver’s license?** | Yes |  | No |  |
| **Do you have a current Lifeguard Certification? (please attach a photocopy/pdf/jpg)** | Yes |  | No |  |
|  | | | | |

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| **Section 2 Education** |

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| --- | --- | --- | --- |
| Date From | Date To | Name of SchoolHigh School/College |  |
|  |  |  |  |
|  |  |  |  |

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| **Section 3 Employment Record** |

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| --- | --- | --- | --- |
| Yes |  | No |  |

## *Please list chronologically, starting with current or last employer*

## Have you ever applied or been employed by Bloomfield Hills Swim and Tennis?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer | Date From: | Date To: | Job Title/Job Function/ Responsibilities: | Salary/Hrly - Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |

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| Section 4 References - Please provide two references. |

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| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |

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| --- | --- | --- | --- |
| **Their Position (job title):** |  | **Their Position (job title):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Relationship:** |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone No:** |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **E-mail:** |  | **E-mail:** |  |

|  |  |  |  |  |  |
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| **Section 5 Zero-Tolerance Drug and Alcohol Policy** | | | | | |
| The Chapman Swim Club maintains a drug & alcohol free workplace.  The use of controlled substances or alcohol is inconsistent with the behavior expected of employees and subjects fellow employees, Club members, and visitors to our Club to unacceptable safety risks.  You must not report for duty or perform work while in our sole discretion you are under the influence of or impaired by any controlled substance, alcoholic beverage, or other intoxicant, including synthetic versions of illegal drugs.  You are under the influence if you are affected by a controlled/synthetic substance or alcoholic beverage to any perceptible degree in our sole discretion, or if any trace of a controlled/synthetic substance or alcoholic beverage is present in your system.  If the employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be disciplined in accordance to the policy up to and including immediate termination.  The following rules regarding alcohol and controlled substances, including illegal/synthetic drugs in the workplace have been established.  1.       The manufacture, distribution, dispensing, possession, sale, purchase, or use of a controlled substance on company property is prohibited.  2.       Being under the influence of or impaired by alcohol or a controlled substance including illegal/synthetic drugs on company property or while engaged in Company business is prohibited.  3.       The unauthorized use or possession of prescription drugs or over-the-counter drugs on company property is prohibited.  4.       Employees who violate this Policy are subject to appropriate disciplinary action including immediate termination.  5.       The Policy applies to all employees of the company regardless of rank or position and includes temporary and part-time employees.  **Testing** can occur in the following instances:  1.  Pre-employment process  2.  Random Testing  3.  Reasonable suspicion of policy violation  4.  Injury involving employee(s) causing or contributing to the injury  5.  On-the-job accident | | | | | |
|  | Signed: |  | **Date:** |  |  |

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| **Section 6 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. | | | | | |
|  | Signed: |  | **Date:** |  |  |

***Return form to*** [***chapmanpool@gmail.com***](mailto:chapmanpool@gmail.com)

***Or mail to: Chapman Swim Club 2015 Pettus Drive Huntsville, AL 35811***