

COMPLETE ALL INFORMATION. INCOMPLETE APPLICATIONS MAY RESULT IN DELAY OR DISQUALIFICATION.

Full Name:			Date:		
	Last	First	Middle		
Address:Street address				Apartment/U	 Jnit #
	 				
Dhonor		City	:	State	Zip
			Date	Available:	
How did you h	near about openin	g?			
Are you legally a States?	uthorized to work in t	he United Yes	No		
Have you previou Center before?	usly worked at the Aq	uatic Yes	No If yes, when?		
Do you hold any	Red Cross Aquatics co	ertifications? Yes	No If yes, please list:		
I have read the jo duties as discribe	ob description and car ed?	n perform the Yes	No If no, explain:		
Do you have any Aquatic Center?	relatives working for	the PFD/ Yes	No If yes, in what capacity:_		
If applying for L of age?	.ifeguard, are you at le	east 15 years Yes	No N/A If applying for con least 16 years of ag	cessions or WSI, are you at ge?	Yes No N/A
If applying for s at least 18 years	supervisor or maintena s of age?	ance, are you Yes	No N/A		
			EDUCATION		
High School:					Yes No
City & State _				Did you {	
College:					
City & State _		Deg	ree:	Did you ş	graduate? Yes No
College:					Yes No
City & State _		Deg	ree:	Did you ş	
Please list any 1	relevant profession	nal certifications	or licenses that are pertinen	t to the position for which	ch you are applying:

REFERENCES	
Please list three professional references.	
Name:	Relationship:
Company:	Phone:
Address:	
Name:	Relationship:
Company:	Phone:
Address:	
Name:	•
Company:	
Address:	
PREVIOUS EMPLOYM	IENT
Company: Job Title:	
	•
Address:	
Responsibilities: To: Reason for Leaving: _	
May we contact this company for a reference?	
way we contact this company for a reference:	
Company:	Phone:
Job Title:	Supervisor:
Address:	
Responsibilities:	
From: To: Reason for Leaving: _	
May we contact this company for a reference? $\stackrel{\text{Yes}}{\square}$	
Company:	Phone:
Job Title:	Supervisor:
Address:	•
Responsibilities:	
From: To: Reason for Leaving: _	
May we contact this company for a reference?	

		MILITARY SERV	ICE	
Branch:	From:	To:	Rank at Discharge:	
Career Field:				
		DISCLAIMER & SIGN	NATURE	
I certify that my answe	rs are true and complete			
If this application leads interview may result in		stand that false or	misleading information in my application or	
	Signature		Date	
	APPLICANT AUTI	HORIZATION FOR RE	LEASE OF INFORMATION	
Center, I hereby authoreferences and /or oth for use in determining to be as valid as the or	a position with the Asorize any employers or suner persons to release and my qualifications for thiginal.	tin County Public upervisors, educa ny and all request is position. I unde	Facilities District/Asotin County Family Aquatic tional institutions, personal and professional ed information about my work and education histerstand, agree, and authorize that a copy of this fo	rm
States Code, Section 5 and specifically waive to Public Facilities District make no attempt to gain conjunction with this	52 et seq.,the Privacy Acthose rights understand at and/or its agencies or in access to the informatis employment process a tion provided to the Dist	et of 1974, the Free ling that the infor departments in o ation provided to and hereby expre	ds relating to me pursuant to Title 5 of the United edom of Information Act, and RCW 42.17 et seq., mation furnished will be used by Asotin County conjunction with employment procedures. I will the District and/or its agencies or departments saly waive any rights I may have to request the encies or departments in conjunction with	
All former employe such disclosures.	ers who provide such inf	formation are inde	emnified and released form liability arising from	

Date

Signature