



## APPLICATION FOR EMPLOYMENT

Please fill out application COMPLETELY and LEGIBLY. Mail to the address below.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact (name, phone, and relationship):  
\_\_\_\_\_

*Important! According to Ohio Labor Laws, all applicants must be at least 14 years old at the time of employment. Employees under 16 years of age must have a work permit and may not work past 9:00 pm.*

Mark all positions you are interested in applying for:

\_\_\_\_\_ Assistant Manager \_\_\_\_\_ Lifeguard

\_\_\_\_\_ Front Desk Attendant \_\_\_\_\_ Concession Stand Worker

Certifications: If the position you are applying for requires the following certifications, you must be current for the entire swim season. Please provide a copy of each updated certification.

\_\_\_\_\_ American Red Cross CPR/First Aid Expiration Date: \_\_\_\_\_

\_\_\_\_\_ American Red Cross Lifesaving Expiration Date: \_\_\_\_\_

\_\_\_\_\_ WSI Expiration Date: \_\_\_\_\_

Employment Desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Either

Days Available (circle or highlight): ALL Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

**[www.pleasanthillswimclub.com](http://www.pleasanthillswimclub.com)**

**PHSC APPLICATION FOR EMPLOYMENT (CONTINUED)**

List any conflicts which may interfere with your work schedule: \_\_\_\_\_

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Work Experience: Please list relevant work experience in the space below.

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Education: Please identify the highest grade attained below.

\_\_\_\_\_ Middle School (grade completed: \_\_\_\_\_)

\_\_\_\_\_ High School (grade completed: \_\_\_\_\_)

\_\_\_\_\_ College (years completed: \_\_\_\_\_, major: \_\_\_\_\_)

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for dismissal.

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

**Mail Application to:  
Attention: PHSC Secretary  
Leah Coghlan  
7425 Bunker Ct.  
Dayton, Ohio 45459**