



# Jeff Ellis Aquatic Management, LLC.

## JEM Employment Application

Please Print Information.

Last Name:	First Name:	Middle Name:
Street Address:		
City:	State:	Zip Code:
Home Telephone Number: ( ) _____ - _____	Cell Telephone Number: ( ) _____ - _____	
Email Address:	Date of Birth: ____/____/____	
Applying For: <input type="checkbox"/> Lifeguard <input type="checkbox"/> Lifeguard Supervisor <input type="checkbox"/> Aquatic Manager <input type="checkbox"/> Swimming Instructor <input type="checkbox"/> Cashier <input type="checkbox"/> Water Fitness Instructor <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Other - _____		
Emergency Contact:		
Emergency Contact Telephone Number: ( ) _____ - _____		
Education		
School Name	Status	Degree Received
	<input type="checkbox"/> Attending <input type="checkbox"/> Graduated	<input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
	<input type="checkbox"/> Attending <input type="checkbox"/> Graduated	<input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
Work Experience		
Employer Name and Telephone Number	Job Title	Employment Dates
		<input type="checkbox"/> Presently Employed <input type="checkbox"/> From - ____/____ to ____/____
		<input type="checkbox"/> From - ____/____ to ____/____
		<input type="checkbox"/> From - ____/____ to ____/____



# Jeff Ellis Aquatic Management, LLC.

<b>General Qualifications</b>		
Have you ever been employed by Jeff Ellis Aquatic Management, LLC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you work a minimum of fifteen (15) per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever pled guilty or been convicted of a misdemeanor crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever pled guilty or been convicted of a felony crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would there be any limitation to you performing the job you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please identify what accommodations, if any, you would need to perform the essential functions of the job:		
May we contact your current employer or previous employers for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Personal References</b>		
Name:	Telephone Number:	
Name:	Telephone Number:	
Name:	Telephone Number:	
What do you believe to be your greatest personal strength?		
What do you believe to be your greatest personal weakness?		
Why do you seek employment with our firm?		
Additional Comments:		

\* - Answering "YES" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness, and nature of the crime, rehabilitation, and position applied for will be considered.

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, and educational history as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in termination of my employment with your firm.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_