



APPLICANT SECTION

Position applied for: _____

Personal details

First name: _____

Last name: _____

Preferred name: _____

Address: _____

Telephone

Daytime: _____

Mobile: _____

Email: _____

Date of Birth (DOB): _____

Current Certifications

Certification	Date	If not certified, please add date of the certification class you are enrolled in
Lifeguard		
CPR		

Are you currently in school?
(tick one)

Yes

No

If yes, school name: _____

GPA

Current
Grade

Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date



(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Relationship

What date are you available for work?

Are there any dates you cannot work?

Please list:

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed: _____

Date: _____

PLEASE RETURN APPLICATION TO: glencoveswimclub@yahoo.com



GCGS HIRING COMMITTEE SECTION

Confidential – reference checks *For GCGS use only*

Reference Name	Comments	Date
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Notes
