



Northampton Pool Association
 1436-B Todds Lane
 Hampton VA 23666
 (757) 826-9808

Employment Application

Retuning Employees only fill out *Section A, Section B, Section C,* and the *Emergency Form!*

Section A

Position Applying For _____

Date Available: _____

___ Full Time ___ Part Time ___ Days ___ Evenings

 DOB (D/M/Y)

 Social Security #

| | | | |
|--------------|------------|---------------|----------|
| Name (PRINT) | LAST | FIRST | MIDDLE |
| Home Address | STREET | CITY | ZIP CODE |
| Home Phone | Cell Phone | Email address | |

Section B

| Certifications | CPR (Required) | First Aid (Required) | Lifeguard (Required) | WSI | Other |
|-----------------|-------------------|-------------------------|-------------------------|-----|-------|
| EXP Date | | | | | |
| Office use only | | | | | |

Section C

References: list two people (other than relatives) that you have known for at least two years.

| Name | Address | Phone # | Relation | How long have you known them. |
|------|---------|---------|----------|-------------------------------|
| | | | | |
| | | | | |

Section D

| Education History | | | | |
|-------------------|---------------|----------------|-----------------|-------|
| | Name/Location | Dates Attended | Graduation Date | Major |
| High School | | | | |
| Trade/Business | | | | |
| College | | | | |



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Section E

Employment History

| Dates of Employment (Month/Year) | Name and Address | Position | Salary | Reason for Leaving |
|----------------------------------|------------------|----------|--------|--------------------|
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |

Emergency Contact Information: Fill Out Emergency Form

Section F

In your own handwriting explain why you feel that you are suited for this position.

I affirm that the information provided by me on this application is accurate and complete. I understand that misrepresentation or omission of information may disqualify me from further consideration and may result in termination should I be employed. I authorize investigation of all statements contained in this application. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

Signature: _____

Date: _____



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Employee Emergency Information

Employee Name: _____ Position: _____

| Emergency Information |
|----------------------------------------------------------------------------|
| Please list ALL Allergies if any (food, meds, etc): |
| Please list any chronic conditions: (asthma, diabetic, etc) |
| Are you currently taking any medication related to a medical condition: |
| Please list any other pertinent medical information you feel is important: |

| Emergency Contact Information | | | |
|-------------------------------------------|------------|------------|------------|
| Parent/Guardian (relation) | Name | Home Phone | Cell Phone |
| | | | |
| | | | |
| Please List Two Other Emergency Contacts: | | | |
| Name | Home Phone | Cell Phone | Relation |
| | | | |
| | | | |

Medical information is only requested as a safety precaution for the employee.

In case of an accident or illness, I request that Northampton Pool Association contact me. If I am unable to be reached I hereby authorize the Northampton Pool Association to make appropriate medical arrangements for my child.

 Parent Signature (If employee is not 18 years old) Date _____
 Employee Signature Date