## Treehaven Swim Club 2020 Gate Worker Application

*Full Name:	
*Address:	
*Cell Phone:	Email:
Birth Date:	_Social Security Number:
*Emergency Contact Name/Phone:	
*Education (Years Completed): High School	College

You will be added to Remind applications for communications, are you ok with this? Y/N

You will get a 1099-MISC for taxes, are you ok with this? Y/N

\*If you are under 18, your parents are required to sign application below and attend initial meeting with you.

## Job History:

Where did you work?	How long did you work there?	What were your duties?

## **References:**

Name	Phone Number	Relationship	
Signature of Applicant	•	Date	

If under 18: \_\_\_\_

Parent/Guardian Printed Name

Parent/Guardian Signature

\_ Date\_\_\_

\*Once you have completed Job Application please send to: Email: <u>treehavnswimclub@gmail.com</u>

or

## Mailing Address:

Treehaven Swim Club C/O Tracie Ostoffie or treehavenswimclub@gmail.com ATTN: LIFEGUARD APPLICATION 2104 Forge Drive, Aliquippa, PA 15001 OR