Treehaven Swim Club 2021 Gate Worker Application Must be at least 13 years old to apply Shifts will run 12pm-4:30pm and 4:30pm to 9pm

| *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 co | ommunications, 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>treehavenstaff@gmail.com</u>

or

Mailing Address:

Treehaven Swim Club C/O Kirsten Gregory ATTN: Gate Worker Application 2601 Kane Road, Aliquippa, PA 15001 OR