

# Northwood Park



## Swim Club

### **General Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth \_\_\_\_\_

Are you a member of Northwood Park Swim Club? (YES / NO) \_\_\_\_\_

### **Positions Applying For:** (check all that apply)

\_\_\_\_\_ Pool Manager

\_\_\_\_\_ Swim Coach

\_\_\_\_\_ Lifeguard

\_\_\_\_\_ Lessons Instructor

\_\_\_\_\_ Pool House Cleaner

### **Emergency contact information:**

Name of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

### **Lifeguard Availability:**

\_\_\_\_\_ Full time (3-4 shifts a week)

\_\_\_\_\_ Substitute (1-2 shifts a week)

Beginning of Salem/Keizer Schools summer break: (check one)

\_\_\_\_\_ I am available PRIOR to summer break in the afternoon/evening.

\_\_\_\_\_ I am available AFTER school gets out.

End of Salem/Keizer Schools summer break: (check one)

\_\_\_\_\_ I am available UNTIL school starts.

\_\_\_\_\_ I am available AFTER school starting in the afternoon/evening.

Northwood Park Swim Club, LLC  
PO BOX 20152  
Keizer, OR 97307-0152  
503-304-8851

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**Certifications:** For each of the following, please give the specific completion date for the most recent class. *(Please include copies of any certifications)*

### Lifeguard

Certifying agency: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Expiration: \_\_\_\_\_

Training location: \_\_\_\_\_

### Swim Instructor *(Preference will be given to Red Cross trained instructors)*

Certifying agency: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Expiration: \_\_\_\_\_

Training location: \_\_\_\_\_

### CPR training

Certifying agency: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Expiration: \_\_\_\_\_

Training location: \_\_\_\_\_

### First Aid training

Certifying agency: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Expiration: \_\_\_\_\_

Training location: \_\_\_\_\_

If you are not current in any of the above certifications, please list any classes you are signed up to take and the anticipated completion dates.

Course name

Expected Completion Date

_____	_____
_____	_____
_____	_____
_____	_____

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**Community involvement and activities:** Please list any activities important to you (school or otherwise) in which you are involved (i.e. academic, school clubs, sports teams, church, volunteer work, etc.).

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**Work experience:** Please include the last 5 years

Company name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Hourly rate: \_\_\_\_\_

Company name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Hourly rate: \_\_\_\_\_

Company name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Hourly rate: \_\_\_\_\_

### **Education:**

#### High School

Name of school: \_\_\_\_\_  
Current year: \_\_\_\_\_ Number of years attended: \_\_\_\_\_  
Did you graduate: (YES/NO) \_\_\_\_\_ Graduation date: \_\_\_\_\_

#### College

Name of school: \_\_\_\_\_  
Current year: \_\_\_\_\_ Number of years attended: \_\_\_\_\_  
Did you graduate: (YES/NO) \_\_\_\_\_ Graduation date: \_\_\_\_\_

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**Time off request:** Please list any known vacation times for which you would like to be considered. The dates you list below are **not guaranteed** and will be reviewed once staffing is finalized. If you are hired, you are **required to fill out a time off request form that has to be approved before time off is granted.**

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**Swim lesson session dates:** If you are applying as a swim lesson instructor, you will be hired for specific sessions. **Time off will not be granted during any lesson sessions for which you are hired.** Indicate below which sessions you are committing to work:

- \_\_\_\_\_ Session 1 - June 15 - 26
- \_\_\_\_\_ Session 2 - July 6 - 17
- \_\_\_\_\_ Session 3 - July 20 - Jul 31
- \_\_\_\_\_ Session 4 - Aug 3 - 14
- \_\_\_\_\_ Session 5 - Aug 17 - 28

### **Parent / guardian signature for time off requests:**

I have reviewed my child's requested time off dates and their commitment to work the above lesson sessions. **I understand that time off will not be granted during and lesson sessions for which they are hired.**

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**References:** Please list two references not related to you that are familiar with your character and work ethic. (i.e. teachers, coaches, previous employers.).

Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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## Swim Club

**Acknowledgements:** Please read carefully and initial.

- I acknowledge that my employment with Northwood Park Swim Club will be 'at-will' and that either Northwood Park Swim Club or I reserve the right to terminate employment at any time, with or without cause.
- I understand that Northwood Park Swim Club is open 7 days a week including holidays. I agree to work my scheduled hours, including those that fall on holidays, once the schedule is posted unless a time off request or prior shift replacement has been approved by the Manager in writing.
- I authorize Northwood Park Swim Club to contact previous employers regarding my previous employment. I also authorize Northwood Park Swim Club to release information regarding my job performance to a prospective employer, unless otherwise stated.

I agree to the above acknowledgements: \_\_\_\_\_ (initial)

**Agreement:** I hereby affirm that the information I have given in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Completed applications may be accepted by a Northwood Park Swim Club Board Member or mailed to:

Northwood Park Swim Club  
PO Box 20152  
Keizer, OR 97307-0152

All applications must be postmarked by the application due date listed on the applicable job announcements.

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