

Charlotte Swim Club Management, Inc.

"A different type of management"

Application for Employment

CSCM

P.O. Box 3591

Huntersville, NC 28078

704-766-CSCM (2726)

www.cscmpools.com

Primary Address and General Information (This is the address to which your W-2 will be mailed)

Last Name	First Name	M.I.
Street Address	City, State	Zip Code
Home Phone	Cell/Other Phone	
Social Security #	Email address	

Availability

Please specify your first day available to work (include pre-season or spring work if applicable).

Please specify your last day available to work (include post-season or fall work if applicable).

Please specify any requested vacation dates. (All employees are expected to work 4th of July weekend.)

How do you plan to get to work?

- Your Car Other Driver Other (please specify) _____
- Walk Bike

Please specify which status you are interested in (choose one)

- Full Time (40/week) Part Time (# hrs/week)

Are you legally authorized to work in the United States? Yes No

Education

High School

Name of School

Location

Number of years attended

Did you graduate? Yes No Date of graduation:

College

Name of School:

Location:

Number of years attended:

Did you graduate? Yes No Date of graduation:

Graduate School

Name of School:

Location:

Number of years attended:

Did you graduate? Yes No Date of Graduation:

School/Alternate Mailing Address

Street Address

City/State

Zip Code

Emergency Contact

Name of Emergency Contact:

Day-time Phone

Relationship to Emergency Contact

Community Involvement and Activities

Please list activities important to you (school or otherwise) in which you are involved (i.e. academic, school clubs, sports teams, church, volunteer work etc.). You may exclude activities that indicate race, color, religion, gender, national origin, handicap or other protected status.

Previous Work Experience (Include lifeguarding)

Year(s)	Position	Company Name/Pool	Hourly Rate

Do you have any tattoos that would be visible in swimsuit/ LG uniform? Yes No
 If yes, please describe: _____

CSCM does not use this information as a criteria for making employment decisions.

Certifications

Expires	Course Name
	<input type="checkbox"/> Certified Pool Operator (specify county(s)):
	<input type="checkbox"/> Lifeguard Training
	<input type="checkbox"/> CPR (Professional Rescuer)
	<input type="checkbox"/> Instructor (choose all that apply) <input type="checkbox"/> Water Safety <input type="checkbox"/> Lifeguard <input type="checkbox"/> CPR
	<input type="checkbox"/> Other (please specify):

Criminal History

Have you every been convicted of a crime? Yes No

If so please provide details.

If someone referred you to CSCM please list their name(s) below.

Please list two references that are not related to you. (Examples: Teacher, Coach, youth pastor, or previous employer)

Name:
 Phone #:
 Relationship:

Name:
 Phone #:
 Relationship:

****Please read carefully before you sign ****

Initials

I will safeguard the patrons for whose care I am entrusted. I will exercise care in the use and operation of all equipment and materials at the pool for which I am responsible, and I agree to competently enforce all required rules.

I agree to commit to work my scheduled hours from Memorial Day weekend to Labor Day, including the 4th of July unless otherwise stated prior to my acceptance of Charlotte Swim Club Management's offer of Employment.

I authorize Charlotte Swim Club Management Inc. to release information regarding my job performance to a prospective employer, unless otherwise stated. I also authorize any previous employers and/or references listed to release information regarding my performance to Charlotte Swim Club Management, Inc. unless otherwise stated. I waive all rights to bring any action for defamation, invasion of privacy or any similar cause of action against anyone contacted as a result of what he or she may say about me.

I acknowledge that employment at Charlotte Swim Club Management, Inc. will be at-will and that either Charlotte Swim Club Management or I reserves the right to terminate the employment at any time, with or without cause, at its discretion. I also acknowledge that no agreement to the contrary will be recognized by Charlotte Swim Club Management, Inc. unless made in writing and signed by the President of Charlotte Swim Club Management, Inc.

I understand the rigorous demands of lifeguarding and declare that I am able to perform the essential functions of the positions I am applying for.

I understand that any changes, false statements, or misleading omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for immediate termination of my employment at Charlotte Swim Club Management, Inc.

Should I be injured on the job and file a claim under Workman's Compensation, I authorize any past or present treating doctor or hospital to release medical information requested by my employer or their insurance carrier for the purpose of processing my claim. A photocopy of this authorization shall be valid as the original.

I understand that, if hired, this is a seasonal job and I agree not to file unemployment claims related to my employment.

I hereby affirm that the information I have give herein is true and correct to the best of my knowledge.

Employee Signature

Date

Name (please print)

Charlotte Swim Club Management, Inc. is an equal opportunity employer