

**SKYLINE SWIM CLUB**

**APPLICATION FOR EMPLOYMENT: SUMMER 2008**

Please complete this application and return it no later than January 31, 2008. In order to be considered for employment, all sections must be completed and mailed on time to:

Rob Sorantino  
17 Longacre Court  
Hockessin, DE 19707

**APPLICANT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age as of May 1, 2008 \_\_\_\_\_

Are you a current Skyline Member? \_\_\_\_\_ Are you a U.S. citizen? \_\_\_\_\_

Have you worked at Skyline before? \_\_\_\_\_ If yes, in what capacity and for how long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POSITION(S) APPLYING FOR:**

**Lifeguard:** must be 16 by May 1, 2008 and have valid Lifeguard & CPR certifications

**Swim Instructor:** must be 16 by May 1, 2008 and have valid Lifeguard & CPR certifications

**Staff Member** (front office/snack shack): must be 14 by May 1, 2008

If applying for Lifeguard or Swim Instructor, attach a copy of your Lifeguard and CPR Certifications. If you are currently enrolled in a certification class, note the expected completion date:

\_\_\_\_\_  
Organization providing the class

\_\_\_\_\_  
Expected Completion Date

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**WORK AVAILABILITY**

Indicate dates that you will not be available to work and a brief explanation (family vacation, camp, school sports practices, etc.). If you are not available for work or miss more than 3 weeks of work for any reason, you will be moved to the substitute list.

Dates Not Available: \_\_\_\_\_ Total Days: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL SUMMARY**

You must include a summary of your qualifications and state why you would make a good employee of Skyline Swim Club. Type the summary on a separate page and attach it to this application.

*Your application will not be accepted without this personal summary.*

**APPLICANT STATEMENTS** (CHECK EACH BOX TO CONFIRM YOUR AGREEMENT)

- I have read and understand the Skyline Employee Rules and Expectations (available on the website)
- I have read and understand the Skyline Employment Guidelines (available on the website)
- I understand and agree that any employment I might obtain with Skyline Swim Club shall be on an at-will basis, meaning that employment may be terminated at any time for any reason or no reason (with or without cause) and with or without notice, without incurring any obligation or liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIAN STATEMENT, IF CHILD IS UNDER AGE 16**

All the information provided by my child in this application is true and correct. I have read and understand all of the information on this Application including the Applicant Statement above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_