



# Desert Swim Academy

Desert Swim Academy Application	
<b>Employee Information</b>	
<b>First , Last Name</b>	<b>Social Security #</b>
<b>Address</b>	<b>City, St, Zip</b>
<b>Home #</b>	<b>Cell #</b>
<b>Email</b>	<b>D.O.B</b>
<b>Are you a US citizen? Yes _____ No _____</b>	<b>If chosen are you willing to perform a background check? Yes _____ No _____</b>
<b>Have you ever been convicted of a Felony? Yes _____ No _____ If Yes can you please explain and attach on another page. Answering yes does not automatically disqualify you.</b>	<b>Please check all Certifications you have. _____ Lifeguard _____ CPR/AED _____ First Aid</b>

Reference Name	Years	Number

### Availability

Monday	Tuesday	Wednesday	Thursdays	Friday	Saturday	Sunday

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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