

WSI Swim Instructor Application

Swim Lessons by Marena

Personal Information			
NAME: _____ LAST FIRST MI			
ADDRESS: _____ STREET (APT) CITY/STATE ZIP			
CONTACT INFO: _____ PHONE NUMBER) EMAIL ADDRESS			
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> Phone call <input type="checkbox"/> Text message <input type="checkbox"/> Email			
DATE YOU CAN START WORK SALARY DESIRED IF UNDER 18, PLEASE LIST AGE			
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Availability			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Mornings <input type="checkbox"/> Mondays <input type="checkbox"/> Thursdays <input type="checkbox"/> Part-Time <input type="checkbox"/> Afternoons <input type="checkbox"/> Tuesdays <input type="checkbox"/> Fridays <input type="checkbox"/> Full-Time or Part-Time <input type="checkbox"/> Evenings <input type="checkbox"/> Wednesdays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays			
HOW MANY HOURS CAN YOU WORK WEEKLY?			
ARE YOU ABLE TO WORK OUTDOORS IN VARYING WEATHER CONDITIONS, INCLUDING DIRECT SUN OR HEAT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I CERTIFY THAT I AM A U.S. CITIZEN, PERMANENT RESIDENT, OR A FOREIGN NATIONAL WITH AUTHORIZATION TO WORK IN THE UNITED STATES. <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN:			
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No DRIVER'S LICENSE NUMBER STATE ISSUED			
HAVE YOU VIEWED THE DESCRIPTION AND RESPONSIBILITIES OF THE WSI SWIM INSTRUCTOR CONTRACTOR POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No CAN YOU PERFORM THESE PRIMARY RESPONSIBILITIES WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification & Qualifications			
DO YOU HOLD A RED CROSS WATER SAFETY INSTRUCTOR (WSI) CERTIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE THE CERTIFICATION ID NUMBER AND EXPIRATION DATE:			
DO YOU HAVE A RED CROSS LIFEGUARD CERTIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE THE CERTIFICATION ID NUMBER AND EXPIRATION DATE:			

DO YOU HAVE ANY OTHER RELEVANT CERTIFICATIONS? (E.G., CPR, FIRST AID, AED, BSI, ETC.)
IF SO, PLEASE LIST THEM:

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE TEACHING SWIM LESSONS?

ARE YOU ABLE TO LIST AT LEAST 30 POUNDS AND REMAIN IN THE WATER FOR EXTENDED PERIODS OF TIME? ☐ Yes ☐ No

DO YOU HAVE ACCESS TO RELIABLE TRANSPORTATION? ☐ Yes ☐ No

Education

SCHOOL NAME	YEARS COMPLETED	DEGREE OR DIPLOMA	ADDRESS

Work Experience

LIST ALL RELEVANT WORK HISTORY BEGINNING WITH YOUR MOST RECENT POSITION. INCLUDE PAID AND UNPAID POSITIONS.

JOB TITLE	START DATE	END DATE
COMPANY	SUPERVISOR'S NAME	PHONE NUMBER
ADDRESS	STARTING SALARY	ENDING SALARY
CITY	STATE	ZIP
HRS/WEEK	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No

DUTIES, SKILLS, OR RESPONSIBILITIES:

JOB TITLE	START DATE	END DATE
COMPANY	SUPERVISOR'S NAME	PHONE NUMBER
ADDRESS	STARTING SALARY	ENDING SALARY
CITY	STATE	ZIP
HRS/WEEK	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No

DUTIES, SKILLS, OR RESPONSIBILITIES:

JOB TITLE	START DATE	END DATE
COMPANY	SUPERVISOR'S NAME	PHONE NUMBER
ADDRESS	STARTING SALARY	ENDING SALARY
CITY	STATE	ZIP
HRS/WEEK	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No

DUTIES, SKILLS, OR RESPONSIBILITIES:

ADDITIONAL SKILLS OR EXPERIENCE (SWIM TEAM, LEADERSHIP, CHILD-CARE, ETC.):

References

PLEASE PROVIDE AT LEAST TWO REFERENCES EXCLUDING RELATIVES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my work with Swim Lessons by Marena may be terminated.

SIGNATURE

DATE