

EMPLOYMENT (List last Position first)

Employer: _____	Phone:(_____) _____
Address: _____	
Name and Title of Supervisor: _____	
Your Job Title Duties: _____	
Employed: From _____ to _____	Salary: Start _____ Ending _____
Reason for leaving _____	
Employer: _____	Phone:(_____) _____
Address: _____	
Name and Title of Supervisor: _____	
Your Job Title Duties: _____	
Employed: From _____ to _____	Salary: Start _____ Ending _____
Reason for leaving _____	
Employer: _____	Phone:(_____) _____
Address: _____	
Name and Title of Supervisor: _____	
Your Job Title Duties: _____	
Employed: From _____ to _____	Salary: Start _____ Ending _____
Reason for leaving _____	

REFERENCES: (List three references who have first-hand knowledge of you and your work. Do not list persons related to you.)

NAME: _____	Address: _____
City/State/Zip: _____	Phone: (_____) _____
NAME: _____	Address: _____
City/State/Zip: _____	Phone: (_____) _____
NAME: _____	Address: _____
City/State/Zip: _____	Phone: (_____) _____

SPECIAL CERTIFICATES AND LICENSES:

LIFEGUARD / SWIM LESSON INSTRUCTOR

Do you possess a Red Cross Lifeguard Certificate? ____YES____NO. Date Certificate is Valid to: _____

Do you possess a WSI/LGI ____YES____NO. Date Certificate is Valid to: _____

Any other applicable certifications, please list here _____

COMMENTS OR ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT IN REGARDS TO THIS APPLICATION:

I verify that all statements made on this application are true, and I understand and agree that any misstatement or omissions of material fact may forfeit my rights to employment at Twain Harte Lake.

DATE

SIGNATURE

RETURN COMPLETED APPLICATION PACKAGE TO: Twain Harte Lake Association
PO Box 338
Twain Harte, CA 95383