## Hull Pool Application

City of Hull

| Personal                                                     |                          |                       |         |                                                                                                           |
|--------------------------------------------------------------|--------------------------|-----------------------|---------|-----------------------------------------------------------------------------------------------------------|
| Name: Last                                                   | First_                   |                       |         | _MI                                                                                                       |
| Address: Street                                              |                          |                       | _       |                                                                                                           |
| City/State/Zip                                               |                          |                       |         |                                                                                                           |
| Cell Phone                                                   |                          |                       |         |                                                                                                           |
| Birthday (MM/DD/YY)                                          | S.S                      | 5.#                   |         |                                                                                                           |
| Desired Position                                             |                          |                       |         |                                                                                                           |
| Full-time, Part-time, Sub (Circle                            | e one) De                | esired h              | ours pe | er week                                                                                                   |
| I would be willing to work on S<br>(choose one)              | undays:                  | YES                   | NO      | ONLY IF JOB REQUIRES IT                                                                                   |
| All-state, vacations, sport camp                             | ps, SË́R∨<br>will help ι | ′E trips,<br>us see h | softba  | e to work, please list below. (ex:<br>Il games, open gyms, etc.) This<br>any guards we will need to hire. |
| Dates:                                                       |                          | Reaso                 | n:      |                                                                                                           |
| Will you be working any other a approximate hours worked per |                          | ijobs th              | is sum  | mer? If so, please list job and                                                                           |
| Job:                                                         |                          | Estima                | ted ho  | urs/week:                                                                                                 |
| Education                                                    |                          |                       |         |                                                                                                           |
| High school                                                  |                          |                       |         |                                                                                                           |
| Highest grade completed                                      |                          |                       |         | _                                                                                                         |
| College                                                      |                          |                       |         |                                                                                                           |
|                                                              |                          |                       |         |                                                                                                           |

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## Training

Date and location of Lifeguard certification:

Date and location of CPR/1<sup>st</sup> Aid certification:

| Are | you | WSI | certified? |
|-----|-----|-----|------------|
|-----|-----|-----|------------|

Do you have any experiences or qualifications not listed which relate to this job?

## **Employment History**

Begin with most recent job and list longest or most important jobs held. (Use additional paper, if needed.)

| Company Name<br>Telephone             |                   |
|---------------------------------------|-------------------|
| Address                               |                   |
| Name of Supervisor                    |                   |
| Job title and duties performed        |                   |
| May we contact your present employer? | Former employers? |
| Signature                             |                   |
|                                       |                   |

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