



Anchors the Way

ANCHOR AQUATICS, INC.

3642 Solomons Island Road, Edgewater, Md. 21037

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Anchoraquatics@anchoraquatics.com

APPLICATION FOR EMPLOYMENT

Name _____

Date of Birth _____ Age _____

Permanent Address _____

Phone No. _____

E-Mail _____

School Address _____

Cell Phone No. _____

Social Security Number _____

Sex Male Female

In Case of Emergency, Notify

Name _____

Relationship _____

Address _____

Phone No. _____

Education	Name	Location (City, State)	Years Attended	Course/ Degree	Year Graduated
High School					
College					

Do you need training? No Yes If yes, which one(s) . Lifeguard Training CPR Pool Operators

Training	Sponsor	Year Passed	Expiration Date	County and State where Issued
Lifeguard Training				
Swimming Pool Operator				
C P R				
Lifeguard Instructor				
Water Safety Instructor				
Other (specify)				

References: List the names and phone numbers of three persons, not related to you, whom you have known for at least 1 year

Referrals: Please list any friends, and their phone number, that may be interested in job opportunities or training, so that we may contact them.

1	1
2	2
3	3

Position Desired _____ Date Available _____ Full Time Part Time
 If part time, how many hours per week can you work? _____

All swimming pools under contract open prior to or on **Memorial Day Weekend**.
 What is the earliest date you can work on a full time basis? _____
 If your school ends after Memorial Day weekend, will you be able to work:
 Weekends before school ends? Yes No
 Weekday afternoons before school ends? Yes No

Most swimming pools under contract will close **Labor Day**.
 Can you work through Labor Day? Yes No
 What is the latest date you can work full time? _____
 If your school begins before Labor Day, will you be able to work:
 Weekends after school starts? Yes No
 Weekday afternoons after school starts? Yes No

Some pools extend their season past Labor Day.
 Would you be interested in working past Labor Day? Yes No

What school will you be attending this fall? _____

Are you involved in any activities (sports, summer school, camp) that may conflict with a full time schedule?
 Yes No If yes, Explain _____

Do you have your own transportation? Yes No Do you have a valid drivers license? Yes No

Have you been employed by our company before? Yes No If yes, when and where _____

Are any friends or relatives working for our company? Yes No If yes, Who _____

Experience: Please start with current or most recent first.					
Dates	Employer	Description of Duties	Wages	1. Job Title 2. Supervisor	Reason For Leaving
From _____ To _____	Name _____ Address _____ Phone # _____		Starting _____ Leaving _____	1 2	
From _____ To _____	Name _____ Address _____ Phone # _____		Starting _____ Leaving _____	1 2	
From _____ To _____	Name _____ Address _____ Phone # _____		Starting _____ Leaving _____	1 2	

I authorize investigation of all statements contained in this application. I understand that misinterpretation or omission of facts called for is cause for dismissal. Further, I understand and agree, in the event that I am hired, that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed By:	Date:	Hired::	Position	Salary:
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Remarks: _____