## APPLICATION MILFORD CITY SWIMMING POOL

Name:		
Address:	Phone Number:	
Birth Date:	Email:	
Position(s) being applied for:		
	ou received?	
Please provide proof (a photo copy)	of current certification (Ex: Lifeguard, Pool Operator etc)	
	tion(s) and number of years at each location)	
What is the earliest date you could sta	art work?	
What is the last date in which you co	uld work?	
Would you be willing to help out on	your days off if you were needed?	
Are you planning on taking any vacat  If so, please list the dates that you w	tions or time off for other reasons? Yes No No rish to have off:	_
to .	to	
to .	to	
Finally, please list any other consider applied.	ations which you feel might aid you in obtaining the position for w	vhich you have
List the name, address and phone nun	nber of 3 references:	
8		
k		
Signature	e Dat	te