

COGGAN FAMILY AQUATIC COMPLEX

EMPLOYMENT APPLICATION

800 Nautilus Street
La Jolla, CA 92037
(858) 456-0945 beginning Sept. 5, 2002

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a medical condition or disability, or any other legally protected status. Persons from all sections of the community are encouraged to apply.

POSITION TITLE _____

NAME _____ SOCIAL SECURITY NO. _____
Last Name First Name MI

MAILING ADDRESS _____
Number Street City State Zip Code

HOME TELEPHONE () _____

PAGER/MOBILE PHONE () _____ E-MAIL ADDRESS _____

DRIVER'S LICENSE NO. _____ CLASS _____ STATE _____ EXPIRATION DATE _____

Have you ever been discharged or forced to resign due to misconduct or unsatisfactory service? If yes, please state all details on back of application, under "Additional Information." <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been convicted of a felony? (A conviction does not necessarily disqualify applicant from job applied for.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
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Can you, upon employment selection, demonstrate that you are legally able to work in the United States? Yes No

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

EDUCATION & TRAINING

CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION	GRADUATE?	
1 2 3 4 5 6 7 8 9 10 11 12			Yes	No GED
COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED	LOCATION	DEGREE	MAJOR SUBJECT	YEARS COMPLETED

Professional or Vocational Certificates or Licenses. Please attach a copy to the application if required for the position you are applying for.

Other Special Training or Skills:

EQUAL OPPORTUNITY EMPLOYER

EXPERIENCE– List your most recent employment or related volunteer experience first and account for all time periods during the last 10 years. Be sure to list each change in title or promotion separately. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but a resume will not substitute for the information required in this section.

FROM _____ TO _____	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS	DESCRIBE DUTIES/RESPONSIBILITIES
PHONE () _____	
REASON FOR LEAVING	NUMBER _____ SALARY _____ <input type="checkbox"/> FULL-TIME SUPERVISED: _____ PER MONTH: _____ <input type="checkbox"/> PART-TIME

FROM _____ TO _____	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS	DESCRIBE DUTIES/RESPONSIBILITIES
PHONE () _____	
REASON FOR LEAVING	NUMBER _____ SALARY _____ <input type="checkbox"/> FULL-TIME SUPERVISED: _____ PER MONTH: _____ <input type="checkbox"/> PART-TIME

FROM _____ TO _____	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS	DESCRIBE DUTIES/RESPONSIBILITIES
PHONE () _____	
REASON FOR LEAVING	NUMBER _____ SALARY _____ <input type="checkbox"/> FULL-TIME SUPERVISED: _____ PER MONTH: _____ <input type="checkbox"/> PART-TIME

ADDITIONAL INFORMATION: (Use additional sheets if necessary)

Summarize any additional information you wish concerning your qualifications or interest which relates to the job for which you are applying.

DISCLOSURE AUTHORIZATION AND RELEASE

"I hereby authorize any former employer, its employees and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the Coggan Family Aquatic Complex representatives. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me."

Applicant/Employee Signature _____

Date _____

Print or type individual's name _____

CERTIFICATE OF APPLICANT

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief, and that any false statement or misstatement of material fact may subject me to disqualification, rejection, and removal from eligibility list or dismissal. I understand the manner in which this application is completed may determine my eligibility for employment.

SIGNATURE _____

DATE _____

All job offers are contingent on applicants passing a job-related physical examination, including drug testing.

How did you learn about this position?

Newspaper _____ Job Bulletin – Where? _____
Name of Newspaper

Website Recorded Jobline Job Fair Other _____