

**DEER PARK SEALS
APPLICATION FOR EMPLOYMENT**

Date: _____ **Position for Which You Are Applying:** _____

Name: _____ **DOB:** _____
 First Middle Initial Last

Social Security Number: _____ **Drivers License No:** _____

Address:

 Street Number and Name Apartment Number (if applicable)

 City State Zip Code

Contact Telephone Number(s): _____

E-Mail Address: _____

Past Work Experience:

Name of Company	Dates Employed:	Duties:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach Resume if desired – must complete application in its entirety)

Are you CPR Certified: _____ Yes _____ No _____ In Process (check one)

Are you Certified Lifeguard: _____ Yes _____ No _____ In Process (check one)

List any special skills or work experience that qualifies you for the position for which you are applying:

Are there any scheduling conflicts or other limitations that would prevent you from performing the essential functions of the position for which you are applying?

___ Yes ___ No

(If “yes”, please explain below)

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Have you been convicted of a felony in the past seven (7) years? ___Yes ___ No

If “yes”, please provide details:

Applicant is not required to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court.

I certify that I have read and understand the applicant instructions on this application and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer bureaus, to verify any of this information.

I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment.

List three (3) personal references other than family members:

Name	Contact Telephone	Address

_____ **(Signature)**

_____ **(Printed Name)**