

2024 Pool Attendant Application

| APPLICANT INFORMATION | | | | | | |
|--|----------------------|--------|---------------|-------------------|--|--|
| Last Name: | First Name: | | M.I. | Date of Birth: | | |
| Street Address: | | | Apt/PO Box #: | | | |
| City: | State: | | Zip: | Zip: | | |
| Phone: | Email Address: | | | | | |
| Are you a citizen of the United States: YES NO If no, are you authorized to work in the U.S.? YES NO | | | | | | |
| Have you ever worked for Stratford: YES NO If so, when? | | | | | | |
| Have you ever been convicted of a felony? YES NO If yes, please explain: | | | | | | |
| EDUCATION INFORMATION | | | | | | |
| High School: | | | Grade: | Grade: | | |
| From: To: | Did you graduate? YE | S NO: | Year of Gra | aduation: | | |
| College: | | | | | | |
| From: To: | Did you graduate? YI | ES NO: | Degree: | | | |
| Other Education: | | | | | | |
| From: To: | Did you graduate: Y | ES No: | Program o | f Study: | | |
| REFERENCES | | | | | | |
| Full Name: | Relationship: | | Phone Nur | Phone Number: | | |
| Address: | | | | | | |
| Full Name: | Relationship: | | Phone Number: | | | |
| Address: | | | | | | |
| CERTIFICATIONS (CPR CERTIFICATION REQUIRED) | | | | | | |
| Lifeguard Certified? (not required) YES NO CPR Certified? YES NO | | | | | | |

| PREVIOUS EMPLOYMENT (IF APPLICABLE) | | | | | |
|--|--|-------------|--|--|--|
| Company/Job Title: | | Phone: | | | |
| Address: | | Supervisor: | | | |
| Responsibilities: | | | | | |
| From: To: Reason for Leaving? | | | | | |
| May we contact your previous Employer for a reference? YES NO | | | | | |
| Company/Job Title | | Phone: | | | |
| Address | | Supervisor: | | | |
| Responsibilities: | | | | | |
| From: To: Reason for Leaving? | | | | | |
| May we contact your previous Employer for a reference? YES NO | | | | | |
| Company/Job Title | | Phone: | | | |
| Address | | Supervisor: | | | |
| Responsibilities: | | | | | |
| From: To: Reason for Leaving? | | | | | |
| May we contact your previous Employer for a reference? YES NO | | | | | |
| DISCLAIMER AND SIGNATURE | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment with the Stratford Homeowners Association. | | | | | |
| Signature: Date: | | | | | |