



Employment Application

16 Stenersen Lane, Suite 4A Hunt Valley, MD 21030 Phone • 410-785-7665 • 800-466-7665 Fax • 410-785-2520

GENERAL INFORMATION

Have you ever been employed by DRD Pools? Yes No

Last Name: _____ First: _____ MI: _____ Date of Birth: _____

Permanent Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____

Mailing Address for Paperwork:

(if different from permanent address)

Are you authorized to work in the U.S.? Yes No

In Case of Emergency Contact: _____ Phone: _____

AVAILABILITY

Position Desired: _____ Date Available: _____

Part-Time Full-Time

If your school year ends after Memorial Day, are you available to work?

Weekends Before School Ends

Weekday Afternoons (4:00pm - 8:00pm) Before School Ends

If you are not a student, what is your current occupation?

If you are a student, do you play a fall sport? Yes No If yes, what sport? _____

Can you work through Labor Day? Yes No If no, when will your last day be? _____

For your regular pool assignment, how far are you willing to drive? Up to 10 miles 20 miles 30 miles

How do you plan to get to work?

Have you ever been dismissed from employment for any reason other than lack of work? Yes No

HOW DID YOU FIND OUT ABOUT DRD POOLS?

I heard about DRD Pools from someone else: Friend Relative/Family Member Other

Who referred you?

I heard about DRD Pools at: School Guidance Office

What is the name of the school?

I heard about DRD Pools through: Flyer Poster Newspaper Brochure Internet

If a flyer or poster, where was it located?

If a newspaper, which one?

EDUCATION

	Name	GPA	Year Graduated
High School:			
College:			

TRAINING

	Year Training Course Was Passed	Expiration Date of License or Certificate	Where did you take the training course?
Starguard Lifeguard Training			
RED CROSS Lifeguard Training			
YMCA Lifeguard Training			
Swimming Pool Operator License			

PREVIOUS EMPLOYMENT

Employer	Dates Employed	Wages	Supervisor / Contact Number	Reason for Leaving

Do we have permission to contact your previous employer? Yes No

HEPATITIS B VACCINE DETERMINATION

I understand that due to my occupational exposure to blood and/or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I understand that upon exposure, I am to contact the office immediately and a confidential medical evaluation and follow-up will then be made available. Included in this medical evaluation will be the opportunity to receive the Hepatitis B Immune Globulin (HBIG) vaccination at no charge to me.

Please check box and insert your name next to **ONE** of the following:

I HAVE had the three-series Hepatitis B vaccinations.

Full Name:

Date:

I HAVE NOT had the three-series Hepatitis B vaccinations.

Full Name:

Date:

SIGNATURE

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts shall be cause for dismissal if employed. My typed name below shall have the same force and effect as my written signature when submitted electronically.

Full Name / Signature:

Date:



Employment Questionnaire

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GENERAL QUESTIONS

Please complete this brief questionnaire. This will give DRD some insight as to what your employment interests may be. Take your time and fill this form out completely. Return this form with your completed employment application.

Name: _____

What is your Pool preference? (if known) _____

What is your ideal position for the summer?

(Prioritize your selection by using (1) for most desired position and (3) for least.)

1 2 3 Pool Operator of single guard pool

1 2 3 Lifeguard at a multi-guard pool

1 2 3 Assistant Manager of multi-guard pool

1 2 3 Manager of a multi-guard pool

Do you want to work full-time or part-time? Full time (30-40hr) Part time (20-30hr) Full-Time Part-Time

Do you currently have another job? Yes No

What are your requests for Time Off this summer?

Family Vacation: _____

Sports Camps: _____

Summer Sports Leagues: _____

If you are a Senior, what college will you be attending? (If known) _____

FOR COLLEGE STUDENTS

Are you planning to be an RA? Yes No

Are you an Orientation Leader? Yes No

Do you play a fall sport? Yes No

If yes, what sport? _____

Are you interested in working pre-season? Yes No

Start date? _____

FOR HIGH SCHOOL STUDENTS

Do you play a fall sport? Yes No

If yes, what sport? _____

Are you a graduating senior in high school? Yes No

When is your Graduation? _____

When is your Senior Week? _____

When is your Senior Prom? _____