



# Employment Application

681 Hollins Ferry Road, Suite D Glen Burnie, MD 21061 Phone • 410-761-7665 • 888-785-7665 Fax • 410-761-4999

## 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? \_\_\_\_\_