

Shadow Oaks Recreation Association

Employment Application

General Information

Last Name	First Name	MI
Address		
City	State	Zip Code
Social Security No.		Date of Birth
Home Phone		Work Phone
Cell Phone		Other Phone
E-Mail Address		
Emergency Contact		Relationship
Phone No.		Other Phone

Certifications

All certifications must be valid through September 30 of summer season in which you are applying for employment. Please specify and attach copy. Include dates if you are enrolled or plan to enroll in a class

Certification	Expiration Date	Type (Red Cross, YMCA, etc.)
Lifeguard Training		
CPR		
First Aid		
Other Certifications		

Previous Aquatic/Lifeguard Experience

Year(s)	Position	Pool Name	Contact / Supervisor	Hourly Pay Rate
Please indicate any other training or experience you have (such as teaching swim lessons).				
Have you ever worked for S.O.R.A.? NO YES If yes, how many seasons?				

Personal References

List three persons not related to you who have definite knowledge of your qualifications

Name	Occupation	Phone Number	Years Known
		()	
		()	
		()	

Availability

Specify FIRST day you are available to work :
Specify LAST date you will be available to work :
Specify vacation dates you will not be available to work : If no specific vacation date is listed at this time, YOU MUST PROVIDE 1 WEEK NOTICE to request a vacation date.
How do you plan to get to work ? Your Car Walk Bike Other :
Average Number of Hours Per Week you can work: Less than 15 25 35 40 Hours Per Week

Work Schedule Considerations

*Indicate what days of the week you can work, including the times and/or number of hours for each day.
All lifeguards are required to work on Saturday and/or Sunday during the summer season.*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN

My signature below certifies that the information provided in this application is true, correct, and complete to the best of my knowledge. I also agree to the terms and conditions of employment as detailed in the statements below.

I understand that I am an at-will employee, not under contract, and can be dismissed at any time for any non-discriminatory reason. Likewise, I understand that I am free to terminate my employment at any time.
I agree that at no time while performing my duties as a SORA employee will I use abusive language, and/or physical contact and/or force towards patrons, visitors, or any other person. I further understand that any violations of this policy, regardless of fault, may result in my immediate termination of employment with SORA.
I agree to work my scheduled hours.
I authorize SORA to release information regarding my job performance to a prospective employer unless otherwise stated. I waive all rights to bring any action for defamation, invasion of privacy or any similar cause of action against anyone contacted as a result of what he or she may say about me.
I understand the rigorous demands of a lifeguard and declare that I am able to perform the required duties.
I understand that any false statements or misleading omissions made by me in connection with the application or in response to requests for information can be sufficient grounds for my rejection as a candidate for employment or immediate termination of employment with SORA.
I understand that I will not be authorized to work or be paid unless my personnel file is complete and accurate. It must contain all applicable work permits, tax forms, copies of appropriate identification, up-to-date certifications, an acknowledgement of employment acceptance, and any other information necessary for employment.
I will make SORA aware of any name, address, or personal information changes during the course of my employment.
I recognize that my personal work information and interview are confidential. I agree not to discuss the terms of my employment with anyone outside of SORA supervisors or operational staff.
I agree to bring any concerns or questions to my supervisor or SORA management.

Applicant Signature

Date

Shadow Oaks Recreation Association (SORA)
10502 Westview Drive / Houston, TX 77043
713-932-0241
www.shadowoakspool.org