



2725 W. Guadalupe Rd.
Mesa, AZ 85202

Phone: (480) 820-9109 • Fax: (480) 820-3590

Application for Employment

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Please Type or Print Clearly in Ink

Last Name			First Name			Middle Name			Date of Birth / /		
Social Security Number			Driver's License/ID Number			<input type="checkbox"/> License <input type="checkbox"/> ID Card			Issued by what State?		
Home Phone Number ()			Street Address			City			State		
Cell Number ()			Zip Code			Position Desired			Date Available		
<input type="checkbox"/> Front Desk <input type="checkbox"/> Other <input type="checkbox"/> Swim Instructor <input type="checkbox"/> Maintenance			Seeking: <input type="checkbox"/> Full Time* <input type="checkbox"/> Part Time**			Salary Desired \$ per hour					

Personal References

First & Last Name			Occupation			Phone Number () Ext.		
Street Address			City			State		
Zip Code			First & Last Name			Occupation		
Phone Number () Ext.			Street Address			City		
State			Zip Code			First & Last Name		
Occupation			Phone Number () Ext.			Street Address		
City			State			Zip Code		

Certifications

Licenses and Certifications		Issue Date	Expiration Date†
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School/Education

Name of Institution	City	State	Dates (M/Y)		Major	Graduate?		Type of Degree
			From	To		Yes/No	Year	
						Y/N		
						Y/N		
						Y/N		
						Y/N		

*Part-time hours ranges from 0 to 32 hrs. per week. **Note: Marking "Full Time" doesn't mean SWIMkids will hire you for Full Time. †SWIMkids USA, Inc. expects ALL employee's to keep their License/Certifications up-to-date. It can include doing it on your own time and at your own expense. SWIMkids USA, Inc. reserves the right to change any policies or correct any printed errors on any forms. Filling out of this application signifies agreement to these rules.

Employment History

Please list your History of Employment below. Start with your latest job first.
Please fill in ALL the information. Print in ink or type this information in the boxes provided below.

Job Title	Salary \$	Dates of Employment	From	To
Company Name	Type of Business			
Company Address	City	State	Zip Code	
Name of Supervisor	Phone Number ()	Reason For Leaving		
Briefly Describe Your Duties:				

Job Title	Salary \$	Dates of Employment	From	To
Company Name	Type of Business			
Company Address	City	State	Zip Code	
Name of Supervisor	Phone Number ()	Reason For Leaving		
Briefly Describe Your Duties:				

Job Title	Salary \$	Dates of Employment	From	To
Company Name	Type of Business			
Company Address	City	State	Zip Code	
Name of Supervisor	Phone Number ()	Reason For Leaving		
Briefly Describe Your Duties:				

Notification Numbers

If your address is not the same of your parents, please enter your parents information below.

Last Name	First Name	Home Number ()	Work Number ()	Ext.
Street Address		City	State	Zip Code
Last Name	First Name	Home Number ()	Work Number ()	Ext.
Street Address		City	State	Zip Code

In Case of an Emergency. Should we contact your family? Yes No

If you answered "NO". Who should we contact?

Last Name	First Name	Home Number ()	Work Number ()	Ext.
Street Address		City	State	Zip Code

What is your relationship with this person?

In order, please list the best way to get hold of you:

YOUR e-mail address

- | | | | | | |
|--------|------------------------|----------------------|--------|------------------------|----------------------|
| 1. () | _____ | _____ | 3. () | _____ | _____ |
| | phone number or e-mail | (home/cell/work....) | | phone number or e-mail | (home/cell/work....) |
| 2. () | _____ | _____ | 4. () | _____ | _____ |
| | phone number or e-mail | (home/cell/work....) | | phone number or e-mail | (home/cell/work....) |

Complete This Section If You've Served in the U.S. Armed Forces

Describe Your Duties and Any Special Training	Branch of Service
Rank at Discharge	Number of Years/Months of Active Duty

In considering this application for employment, I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services, and persons to release information they may have about me to the person or company with which this form has been filed and I release all parties involved from any liability and responsibility for doing so.

If you have read and understand the above statement, please sign:

Signature

Note: Are your wages subject to withholding for a child support order by the courts? Yes No

State law requires you to disclose the particulars to your employer and supply a copy of the court order. This material must be in SWIMkids Payroll Department before your first paycheck can be issued.

Have you ever used another name? Yes No If "yes", what name was it? _____

Transportation

Do you have reliable transportation? Yes No

What is the major intersection nearest to your home? _____

How many miles are you willing to travel one way to work? miles

Have you ever been convicted of a crime?

Yes No

(Note: Conviction of a crime will not be an absolute bar of employment. Factors such as age at the time of offense, nature of the violation and rehabilitation will be taken into account)

If you marked "Yes" to the above question, please list when, where and the disposition of the case.

If you marked "Yes" to the above Question: Was your crime classified as a felony? Yes No

If you marked "Yes" to a felony, were you cleared of this conviction? Yes No

Why do you feel that SWIMkids should hire you? Please give a brief explanation: _____

SWIMkids periodically holds/hosts meetings, award ceremonies, swim meets and other special events. Would your schedule allow you to attend them? Yes No

If you answered "No" to the above question, please give a brief explanation why. We feel that ALL of our events are an integral part of our success and a required part of our program. _____

In submitting this application, I understand that any false statements will disqualify me for employment, or cause my subsequent dismissal, and that if I am employed I may be required to submit proof of citizenship or legal right to remain in the United States. I also understand I shall be required to sign a non-compete clause agreement, and may be required to sign a statement concerning criminal convictions. I authorize SWIMkids USA, Inc. to investigate all statements on this application. I have the right to make a written request within a reasonable amount of time to receive information about the nature and scope of the investigation. The overtime policy of SWIMkids for non-exempt staff is to provide, at its discretion, either one and one-half hours compensatory time off or additional pay at one and one-half time the regular rate of pay for each hours worked in excess of 40 hours per week. The compensatory time off may be preserved, used or cashed out as provided by the Fair Labor Standards Act. I understand and agree to accept the above overtime policy as a condition of employment as non-exempt staff with SWIMkids USA, Inc. My decision to accept the overtime policy is made knowingly, voluntarily and without coercion by SWIMkids USA, Inc. I also understand that SWIMkids USA, Inc. is a Drug Free work place. I understand that SWIMkids USA, Inc. may require a drug test/ drug screening test as a part of the selection and hiring process. I also understand such drug screening will consist of taking of urine or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. I hereby give my consent to SWIMkids USA, Inc. to administer any drug screening procedures to me , and to use the results thereof in further determining my employment with this company or any other parent or subsidiary company. Drug testing also includes, but not limited to, on the spot testings while employed with this company (SWIMkids or any other parent or subsidiary company) at ANY TIME. I also understand that that this application in no way constitutes a contract of employment for a certain position, job or a period of time at SWIMkids USA, Inc. I understand that if I am hired, my employment is "at will" and may be terminated (without the right to return to this company or any other parent or subsidiary company connected to SWIMkids USA, Inc.) at any time with or without cause and without notice. I understand the afore-mentioned policies/ conditions and my decision to do so is made knowingly, voluntarily and without coercion by SWIMkids USA, Inc.

Signature of Applicant	Date Signed
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Non -Compete Clause

As an employee of SWIMkids USA, Inc., I acknowledge receipt and review of this Non-Compete Clause, and agree that any materials, **written or verbal**, taught or given to me during my employment by SWIMkids USA, Inc., is the exclusive property of SWIMkids USA, Inc. and **CANNOT** be reproduced or used in any fashion, outside of my employment with and for SWIMkids USA, Inc.

I also understand and agree not to use **any** of the SWIMkids USA, Inc.'s materials or programs for my own benefit or financial gain, **without** the specific written permission of Ms. Lana Whitehead, the founder of SWIMkids USA, Inc.

I understand and agree that unauthorized use of **any** materials, programs or methods of SWIMkids USA, Inc. will result in legal action against me. In the event such legal action is taken to enforce the provisions of this Non-Compete Clause, I understand that I may be held liable, in which case SWIMkids USA, Inc. will be entitled to be reimbursed for its reasonable attorney's fees, costs, and expenses in bringing such legal action.

I understand that I cannot solicit clients of SWIMkids USA, Inc. nor solicit clientele from client-lists belonging to SWIMkids USA, Inc. for any reason whatsoever. I understand and agree that the use of client-lists, or the solicitation of clients of SWIMkids USA, Inc., will result in legal action against me, in addition to be deemed just cause for immediate dismissal from employment. In the event legal action is brought against me for solicitation of clients or client-lists of SWIMkids USA, Inc., I understand that I may be held liable, in which case SWIMkids USA, Inc. will be entitled to be reimbursed for its reasonable attorney's fees, costs, and expenses in bringing such legal action.

I also agree that if I am aware of another employee violating the terms of this Non-Compete Clause, I am **required** to report that employee to Ms. Lana Whitehead. Failure to report such conduct of another employee will result in employment probationary status for the first instance, and dismissal for the second instance.

I have read and reviewed this Non-Compete Clause and accept the terms thereof knowingly and voluntarily. I agree that no coercion has been used to secure my signature hereto. I agree that the laws of Arizona shall be used to construe this Agreement, and that if legal action is required to enforce this Non-Compete Clause, that the Courts of Maricopa County, Arizona, have proper jurisdiction.

SIGNATURE OF EMPLOYEE	DATE SIGNED
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