

## **Sun Valley Elkhorn Association**

Po Box 1708 ~ Sun Valley, ID 83353

**Employment Application** 

Ph 208-622-7420 ~ Fax 208-622-3215 ~ Email svea@cox-internet.com

		Applic	ant Information								
Full Name:			First		Date:						
La Address:	Last										
	reet Address	Mailing .	Aparti	ment/Unit #							
Cit	ty			State		ZIP Code					
Phone: (	)	1	E-mail Address:								
Date Available: Social Security N				Desired S	Salary: _ <b>\$</b>	3					
Position Applie	ed for:		<u> </u>								
Are you a citizen of the United States?		s? 🗌 🖺	If no, are you a	YES N uthorized to work in the U.S.? □ □							
Have you ever worked for this company?		YES NO	•								
Have you ever	been convicted of a fe	YES NO elony?	_								
If yes, explain:											
			Education								
High School:		Addre	ess:								
From:	To:	Did you graduate	YES NO	Degree:							
College:		Addre									
From:	To:	Did you graduate	YES NO	Degree:							
Other:		Addre									
From:	To:	Did you graduate	YES NO	Degree:							
References  Please list three professional references.											
	ee proiessional refere	ences.	D 1 (' 1'								
Full Name: _			Relationship:								
				Phone:	( )						
Address:											
Full Name: _			Relationship:								
Company:				Phone:	( )						
Address:											
Full Name:			Relationship:	tionship:							
Company:				Phone:	( )						
Address:											

Previous Employment										
Company:		Phone:	(	)						
Address:		Տար	pervisor:							
Job Title:	Starting Salary:	\$		Ending Salary:	\$					
Responsibilities:										
From: To:	Reason for Leaving:									
May we contact your previou	YES us supervisor for a reference?	NO								
Company:		Phone:	(	)						
Address:		Sup	pervisor:							
Job Title:	Starting Salary:	\$		Ending Salary:	\$					
Responsibilities:										
	Reason for Leaving:									
May we contact your previou	YES us supervisor for a reference?	NO								
Company:		Phone:	(	)						
Address:		Sup	pervisor:							
Job Title:	Starting Salary:	\$		Ending Salary:	\$					
Responsibilities:										
From: To:	Reason for Leaving:									
May we contact your previou	YES us supervisor for a reference?	NO								
	Lifeguard Certification, Interests	s & Military	Informa	ation						
Lifeguard Training Expires	CPR Expires	First Aid Expires								
Special Skills			_							
Activities (Civic, Athletic, Etc	.)									
Swim Suit Size	Jacket Size		T-S	Shirt Size						
US Military or Naval										
Service (Branch)	Rank		Type of Discharge							
	Disclaimer, Signature and Em	organcy No	otificatio	on						
				OH						
	re true and complete to the best of my	=		tion in my annlia	ation or intervious					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
In consideration of my emp	oloyment, I agree to conform to SVEA	rules and re	gulation	s.						
Signature:				Date:						
In case of emergency notify										
: J.	Name	Phone			Relationship					