

Sun Valley Elkhorn Association

Po Box 1708 ~ Sun Valley, ID 83353

Employment Application

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

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Mailing Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Lifeguard Certification, Interests & Military Information

Lifeguard Training Expires _____ CPR Expires _____ First Aid Expires _____

Special Skills _____

Activities (Civic, Athletic, Etc.) _____

Swim Suit Size _____ Jacket Size _____ T-Shirt Size _____

US Military or Naval Service (Branch) _____ Rank _____ Type of Discharge _____

Disclaimer, Signature and Emergency Notification

I certify that my answers are true and complete to the best of my knowledge.

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 employment, I agree to conform to SVEA rules and regulations.

Signature: _____ Date: _____

In case of emergency notify _____
Name Phone Relationship