

**LIFEGUARD  
and  
SWIM INSTRUCTOR  
Application for  
Employment**

**Methacton School District**  
1001 Kriebel Mill Road  
Eagleview, PA 19403-1047  
Phone: 610-489-5000 Fax: 610-489-5029  
*An Equal Opportunity Employer*

**Section 1:**

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Last                      First                      Middle

Address: \_\_\_\_\_  
Street / City / State / Zip

Phone No.: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EDUCATION\***

	MIDDLE/HIGH SCHOOL	COLLEGE / UNIVERSITY	GRADUATE / PROFESSIONAL
Years Completed:	8   9   10   11   12	1   2   3   4	
Diploma / Degree / Major:			
Name of School Attended:			

Summarize special skills and qualifications acquired from employment or other experiences.

**Section 4: EMPLOYMENT EXPERIENCE**

List each job/position held starting with your present or most recent job. If you need additional space, please continue on a separate sheet of paper.

Dates		Name of Employer and Address	Your Title
From			
To			
Work Performed:		*Reason for Leaving:	

Supervisor Name & Phone Number				*Final Hourly Rate or Yearly Salary	
Dates		Name of Employer and Address			Your Title
From					
To					
Work Performed:			*Reason for Leaving:		
Supervisor Name & Phone Number				*Final Hourly Rate or Yearly Salary	
Dates		Name of Employer and Address			Your Title
From					
To					
Work Performed:			*Reason for Leaving:		
Supervisor Name & Phone Number				*Final Hourly Rate or Yearly Salary	

**Section 5: REFERENCES\***

List four (4) individuals who have firsthand knowledge about your employment experiences, qualifications and abilities.

Name	Address	Phone Number	Position/Title

\*May we contact your present employer?  Yes  No

If no, please explain:

**\*Must complete these areas above.**

\* \* \* \* \*

Methacton School District is an equal opportunity employer. Federal, state and local laws prohibit discrimination in employment based on race, color, religion, sexual orientation, age, handicap, disability, national origin, ancestry and veteran status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment. Inquiries or complaints should be directed to the Labor Relations and Human Resources Office, Methacton School District, 1001 Kriebel Mill Road, Eagleville, PA 19403-1047 or 610-489-5041.

I certify that the foregoing statements are true and correct to the best of my knowledge, and grant Methacton School District permission to verify such answers and investigate all references. I understand that any false statements on this application may be considered sufficient cause for rejection of this application or for termination of employment if such false information is discovered subsequent to my employment. I authorize the employers or schools listed above to give any information regarding my previous employment, character and general reputation to Methacton School District as part of my application for employment. I also release said employer, school or person from all liability for any damage for issuing this information. I understand that this is an employment application and no employment contract has been offered. If hired, I agree to abide by all Methacton School District policies, rules and regulations and acknowledge that my employment can be terminated, with or without cause or notice at any time by myself or Methacton School District.

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Signature

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Date

**Human Resources Use Only:**

Clearance Information	Background Check	Child Abuse	FBI Fingerprint
Clearance Received			
Date clearance expires			