



# Application for Part-Time Employment

**Greater Richmond Aquatics Partnership**  
5050 Ridgedale Parkway Richmond, Va 23234  
(804)-271-8271 www.swimrichmond.org

PLEASE TYPE OR PRINT IN INK \*Application must indicate specific position of interest

## PERSONAL DATA

Date of Application \_\_\_\_\_

1. Name \_\_\_\_\_  
Last First Middle Initial

2. Address \_\_\_\_\_  
Street City State Zip

3. Phone Number \_\_\_\_\_  
Home Cell Work

4. E-mail \_\_\_\_\_

5. Are you under 18 years of age?  Yes  No

If yes, date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month (MM) Day (DD) Year (YYYY)

*\*\*\*Applicants under 18 years old must have parental/guardian signature to apply, and must be at least 16 years old to be eligible for employment. Proof of age/date of birth will be required at hire.*

6. Are you legally eligible for employment in the United States?  Yes  No

7. Desired Position \_\_\_\_\_

8. How did you hear about this position? \_\_\_\_\_

If employee, please give name \_\_\_\_\_

## AVAILABILITY

9. Complete Availability:  
Date Available to Start

### PLEASE INDICATE HOURS AVAILABLE

Mondays \_\_\_\_\_

Tuesdays \_\_\_\_\_

Wednesdays \_\_\_\_\_

Thursdays \_\_\_\_\_

Fridays \_\_\_\_\_

Saturdays \_\_\_\_\_

Sundays \_\_\_\_\_

10. Desired number of hours per week

**WORK EXPERIENCE**

**11. List most recent employment first; use the Additional Employment space if necessary. Please complete entirely, do not state "see resume".**

**Current/Most Recent Employer**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Position \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Salary/Pay Rate \_\_\_\_\_ Dates Employed \_\_\_\_\_  
From (mm/yyyy) To (mm/yyyy)

Reason for Leaving \_\_\_\_\_

Responsibilities

**Next Previous Employer**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Position \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Salary/Pay Rate \_\_\_\_\_ Dates Employed \_\_\_\_\_  
From (mm/yyyy) To (mm/yyyy)

Reason for Leaving \_\_\_\_\_

Responsibilities

**Next Previous Employer**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Position \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Salary/Pay Rate \_\_\_\_\_ Dates Employed \_\_\_\_\_  
From (mm/yyyy) To (mm/yyyy)

Reason for Leaving \_\_\_\_\_

Responsibilities

**12. Additional Employment:**

**13. May we contact your present /most recent employer?**     Yes     No

**14. Have you ever been convicted of any violation of the law (felony or misdemeanor)?**     Yes     No  
*Do not include traffic violations.*

*If YES, please give details, conviction(s), and dates:*

## EDUCATION AND TRAINING

15.	High School	College/University	Graduate/Professional
<b>School Name &amp; Address</b>			
<b>Years Completed:</b> <small>(mark one)</small>	9    10    11    12	1    2    3    4	1    2    3    4
<b>Diploma/Degree</b>			
<b>Describe Course of Study</b>			

**16. Special Qualifications** (Include Active Technical, Professional Licenses and Numbers, Academic or Professional Awards)

17. Foreign Language(s):    Spoken \_\_\_\_\_    Read \_\_\_\_\_

18. Anything else you would like us to know?

## Training and Certifications

**19. Please add any currently valid certifications** (Provide certification name, issuer, and expiration date)

<u>Certification</u>	<u>Issued By</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**20. Please add any upcoming training courses** (Provide course name, course provider, and completion date)

<u>Course Name</u>	<u>Course Provider</u>	<u>Expected Completion Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REFERENCES

**21. List three persons not related to you by blood or marriage who may comment on your education and/or work experience.** (Please do not list persons who have already been indicated in the Employment History Section)

	Full Name	Occupation	Home/Office Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## EMPLOYMENT DISCLOSURE

Read carefully before submitting:

If employed by GRAP, I understand and agree that my employment may be terminated at-will, with or without cause, at any time. I understand that no GRAP representative has the authority to alter the at-will nature of my employment relationship. I also understand that this agreement supersedes any prior agreements or representations made by GRAP personnel. As part of the hiring process, I understand that the references I provide will be checked. I understand that the information submitted on my application may be verified. I understand GRAP may ask a series of questions regarding my education, work experience, character and personality. I voluntarily consent to allow GRAP, or any of its employees/designees, to check my references by contacting any person they deem to be an appropriate reference. I hereby authorize any company or person contacted by GRAP to furnish GRAP with the information it requests and release that company or person and GRAP from all liability connected with providing such information. I understand that my driving record may be checked through the DMV if I am required to drive a GRAP vehicle as part of my job. I also understand that this application will be considered active for no more than one month. After that time, it may be necessary to reapply for employment.

I understand that in connection with my application for employment, I will be required to:

Submit to a Criminal History Record Clearance. Any individual who has been convicted of a barrier crime or has pending charges as stated in the Code of Virginia Sections 63.1-198 will not be eligible for employment. Other convictions or charges are subject to review and may result in ineligibility to work for the Greater Richmond Aquatic Partnership.

*\* Please check that you agree to the Criminal History Record Clearance*

Submit to a National Sex Offender database search. Any individual who has ever been the subject of a founded complaint of child abuse or neglect will not be eligible for employment.

*\* Please check that you agree to the National Sex Offender database search*

Submit Direct Deposit enrollment upon hire. Any individual failing to complete the direct deposit enrollment will not be put on the payroll.

*\* Please check that you agree to the Direct Deposit enrollment upon hire*

The information provided herein is true to the best of my knowledge, and I understand that misrepresentation or omission of information will lead to rejection of my application or termination of employment. I hereby acknowledge that I have read, understand, and agree to the above statement, and to the terms of employment as set forth by the Greater Richmond Aquatic Partnership.

**Applicant's Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

*\*If applicant is under 18 years of age, a parent/guardian signature is required.*

**Parent/Guardian Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_