



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
School Name & Address			
Years Completed: <small>(mark one)</small>	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

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>	<u>Red Cross Code</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** _____