

Springfield Country Club  
Swimming Pool Staff

# Application

2315 Signal Hill Road, P.O. Box 1642, Springfield, OH 45501

E-Mail: [kathy.kernross@springfieldccoh.org](mailto:kathy.kernross@springfieldccoh.org)

Thank you for your interest in the Springfield Country Club Pool.

If you would like to join the SCC team, please complete the application below.

- Be sure to write legibly. **Questions Call Kathy Kern Ross at 740-215-5434**
- The application must be completed in full.
- Do not leave any spaces blank. You may also attach a resume to this document.
- Read and sign the last page of the application.
- **E-Mail completed application to: [Kathy.KernRoss@SpringfieldccOH.org](mailto:Kathy.KernRoss@SpringfieldccOH.org)**

## Personal Information

Available Seasonal Positions Include: Pool Manager, Assistant Manager, Head Lifeguard, Assistant Head Lifeguard, Head Lifeguard in Training, Lifeguard

Position(s) Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Worked Here: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Previous Years: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State ZIP

Telephone: Home \_\_\_\_\_ / \_\_\_\_\_ Mobile \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you 18 years of age or older? (*If not, you may be required to provide work authorization.*)

Yes  No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation based on the provided job description?

Yes  No

Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? If yes, please provide a date, location, charges and a complete explanation of all offenses. (*A conviction will not necessarily bar employment. The SCC may consider the nature, date and circumstances of the offenses.*)

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: The SCC does not discriminate in recruitment, hiring or other terms or conditions on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.**

## Employment Information

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status:  Seasonal Full-time  Seasonal Part-time

The pool is open through Labor Day, with additional hours in September, what is the last date you can work: \_\_\_\_\_

Have you previously been employed as a lifeguard at another facility?  Yes  No

If yes, when? Where? \_\_\_\_\_

Have you previously been an employee of our Club?  Yes  No

If yes, what years? \_\_\_\_\_

Do you have any relatives that have previously worked for the SCC?  Yes  No

If yes, name(s) and relationship: \_\_\_\_\_

How did you hear about this opening?  Staff referral  Advertisement  Website  Member Referral

Name of referral or source:  Board Member Referral  Facebook  Other

## Education & Training

Educational Background					
	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School or GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

Safety & Job Specific Certifications			
Type (CPR, First Aid, CDA, ServSafe etc.)	Provider	Level	Expiration

## Employment History

List all previous employment during the past three- five years starting with the most recent. Use additional sheets if needed.

Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	<u>Starting Hourly Rate/Salary</u>		
Immediate Supervisor and Title	\$ _____ per _____		
Reason for Leaving	<u>Ending Hourly Rate/Salary</u>		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per _____		

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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per _____		

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Immediate Supervisor and Title	\$ _____ per _____		
Reason for Leaving	<u>Ending Hourly Rate/Salary</u>		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per _____		

Please explain any gaps in your employment history.			
What other lifeguarding experience, personal experience or training have you had that may have prepared you for this position?			

## References

Do not list relatives

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ Alternate #: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ Alternate #: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ Alternate #: \_\_\_\_\_ / \_\_\_\_\_

## Application Acknowledgement and Authorization

Please read all statements and sign below:

I authorize both the SCC and any Staff or Pool Management company that acts on their behalf and persons listed (references, schools, current (unless noted) and former employers, and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach a hiring decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any hiring is contingent upon the successful completion of all background check processes, including a criminal history background check if needed. I certify that all information provided by me in this application is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with SCC will result in denial of hiring/rehiring or termination of the contract regardless of the timing or circumstances of discovery.

If I am hired by the SCC or any Pool Management company acting on their behalf, I understand I can be terminated, with or without cause and with or without notice, at any time at the option of the SCC or myself. I understand that the SCC has the authority to enter into any agreement for hiring for any specific period of time or to make any agreement contrary to the foregoing. Only the SCC has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will staff relationship, this constitutes the full, complete, and final expression of the party's intent concerning the nature of any working relationship between myself and the SCC or any Pool Management company operating the facility. The SCC Manager may act at times with the SCC Staff Consent and will notify workers of those cases. I understand that all hiring is conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. I will complete any needed tax documents and will be responsible for paying any needed taxes, supplies, certifications, and clothing as needed as a staff member for the SCC organization and any pool management company assigned.

I understand that this application is only valid for the position(s) applied for at present and that the SCC is not obligated to retain or consider the application for future openings. I agree to abide by SCC policies and rules at all times. I acknowledge that I have read the above statements and understand them. I understand that SCC may hire a pool management company or contractor who may assist with the pool operations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature is also needed if the applicant is under 18 years old: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use:

Hired: Yes \_\_\_\_\_ No: \_\_\_\_\_

Position: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_