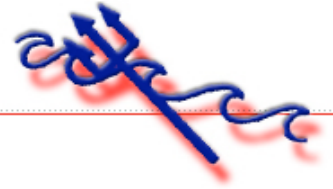




# Tracy TritonSwim Club

PO BOX 240  
TRACY, CA 95378



## Application for Employment

Name \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of life guard certification \_\_\_\_\_

Years of swim experience \_\_\_\_\_

What are your strengths relating to this position?

\_\_\_\_\_

Have you volunteered before? Tell us about it. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References:

1.)

2.)

3.)