



Pacific Sands Cabana Club Swim Aide Employment Application

Part-Time Seasonal

Name: _____
Last Name First Name Middle Initial

Address: _____

Home Phone: _____ Cell Phone: () _____

Date of birth: ___/___/___

Are you a returning PSSC Swim aid? Yes No

The Swim Team will conduct swim session and clinics during the following hours: (Please note hours that you are **NOT** available to work)

Swim session you are applying for (choose 1 only, applicant must reapply for other position)

USA Winter Swim
Sept thru March

Spring Instruction
April

Swim Team
May thru August

DAYS	Approx. Sched. Times	UNAVAILABLE TIMES
Monday - Friday (school in session)	4:00pm - 6:30pm	_____
Monday - Friday (summer vacation)	8:00am - 1:00pm	_____
Saturday (meets)	7:30am - 3:00pm	_____
Event Finals	7:00am - 3:00pm	_____

If you are attending school, holding any other position or involved in other activities on a regular basis, please explain:

Date available to start employment: _____

Experience:

Job #1: _____ Position: _____
Dates Employed: _____ Phone: () _____

Job #2: _____ Position: _____
Dates Employed: _____ Phone: () _____

Personal or Professional Reference: Name: _____ Phone: () _____

I, declare the foregoing information is true and correct, and I, hereby authorize pacific sands to verify the validity of all the above information, and to inquire with my employers and personal reference. I agree to supply any additional information requested by Pacific Sands, Swim Board, or Swim Team Head Coach.

Signature: X _____ Date _____

Office Use:

Reviewed by: _____ Title: _____

Comments: _____

Swim Board Recommendation Approved Denied _____ Hourly Salary \$ _____
Date

