

Application for Employment

Indian Lake Forest Swim and Tennis Club is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Name (Last, First, Middle)	Street Address:	City, State & Zip:
Social Security #:	Home Phone:	Cell Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Have you ever been employed by ILFST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current/past ILFST members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you.
Are you related to any current/prior ILFST employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you.
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
What position are you applying? <input type="checkbox"/> Lifeguard (requires Lifeguard and CPR Certification) <input type="checkbox"/> Concession Stand <input type="checkbox"/> Asst. Manager (requires Lifeguard and CPR Certification) <input type="checkbox"/> Other:		

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

<input type="checkbox"/> Lifeguard Certification, expiration date: <input type="checkbox"/> First Aid Training <input type="checkbox"/> Other:	<input type="checkbox"/> CPR Certification, expiration date:
Note: Attach a copy of your certification documents with employment application.	

EDUCATION:

Name of Last/Current School	City/State	Did you graduate?	Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.			

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WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: ILFST reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving:	
Dates Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving:	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize ILSFTC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of ILFST serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

Applicant Signature: _____ Date: _____