



EMPLOYMENT APPLICATION

ABC Swimming

*The Information contained within this application will remain private and confidential to
ABC SWIMMING*

Personal Details:

Name: _____ Contact Number: _____

Address: _____

Suburb _____ Post code _____

Email: _____

Date of Birth (optional): ____/____/____

What form of transport would you use to come to and from work?

Motor Vehicle Push Bike Walk Public Transport Other: _____

Position(s) applied for: _____

How did you learn about us? _____ Pay range expected: _____

Seasonal or year round: _____ Date available from: _____

What days and times are you available to work? _____

Autobiography

Tell us a bit about you.

Why would you like to be a swimming teacher and what would make you a great swimming teacher?

What experience have you had working with children?

Why would you like to work for ABC Swimming?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What are you looking for from this job: _____

Three words that you believe best describes you: _____

Three words that you believe friends would best describe you as: _____

Three words that you believe customers would best describe you as: _____

Where do you see yourself in 5 years: _____

At ABC SWIMMING, in the course of teaching children you will sometimes be required to perform quick or unexpected movements (including lifting and catching) or be required to lift equipment boxes. Please indicate below if you have any current or past conditions which might keep you from safely performing the physical requirement of the position for which you are applying.

☐

I am able to perform the physical requirements of the position I am applying for without jeopardising my safety or the safety of ABC SWIMMING students, clients, guests, coworkers or others.

Educational Information

High School

Name & Location: _____ Grade finished: _____

Uni / Tafe

Name & Location: _____ Course: _____ Yrs: _____

Your Qualifications: *(Please enclose photocopies of all certifications.)*

Do you have a current Austswim certification? YES NO

Do you have a current CPR? YES NO

Please list any other current swimming orientated certifications you have acquired.

Any other qualifications you have acquired.

Employment History

Company Name: _____ Address: _____

Phone number: _____ Name of immediate supervisor: _____

Reason for leaving: _____

Describe your duties and responsibilities: _____

- ☐ I am no longer employed at this company
- ☐ I am currently employed at this company and it is OK to contact this person
- ☐ I am currently employed at this company, please do *NOT* contact this person

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Referees:**Name****Telephone number****How are you acquainted & how long?**

Future Interest:

At every swim school there are various jobs that need to be completed. Please circle any jobs that may interest you now or in the future:

Infant/Toddler Learn-to-Swim	Children's Learn-to-Swim	Adult Learn-to-Swim
Mini/Junior Squad Swimming	Intermediate/Senior Squad Training	
Adult/Masters Squad Training	Administration/office	
Retail Shop	Other:_____	

Do you have any experience and/or interest in any of these other related fields?

Aqua Aerobics Instructor

By my signature below, I affirm that I have read and understand this application and that I have not withheld any information requested and that any statements I have made are true in word and spirit. I understand that any omission or misrepresentation of fact in this application may result in refusal of employment or that any subsequent discovery of omission or misrepresentation of fact may result in termination from employment.

I hereby authorise the company to verify all statements I have made on this application including my employment history (except my current employer, unless I indicate it is OK).

Dated:___/___/___ Signed:_____ Print Name:_____

Application can be lodged in the following manner:

Post :
ABC SWIMMING
P.O. Box 4025
Guildford West 2161

Email:
abcswimming@bigpond.com
Fax: 02 96185020

In Person At the Pool
Check the website for
address

Date: _____

You will be notified within 14 days after this date.