

Bubbles to Butterfly Swim School Employee Application



Information Name				Date	2
Address		Tow	vn	Zip	
Home Phone		Alternate I	Phone		
E-mail address					
Birthdate		Social Secur	ity Number _		
Education	School Name	Years Complete	od Contific	ate Earned	, Field of Study
Elementary:	School Name	rears complete	ed <u>Certific</u>	ate Earneu	rieid of Study
High School:					
College:					
Special Training/Sl	xills				
Academic Achieven	nents Farned				
Other Activities/In					
Previous Employ	<u>yment</u>				
<u>Dates Employed</u> <u>To/From</u>	<u>Owner/Manag</u> Name & Addre		Position Held	Rate of Pay	Reason for Leaving
1)					
2)					
3)					
4)					
Bubbles to Butterfly	Swim School ^{LLC}	P.O. Box 739	Baltic, CT	06330	(860)822-6879



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Please	list neoi	ale that	have	known	von fo	nr o	vears	or more.
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<u>Name</u>	<u>Address</u>	<u>Phone</u>	Relationship	Years Known		
1)						
2)						
2)						
3)						
Summary						
Please write why you as	re applying for a pos	sition at Bubbles	to Butterfly Swim Sc	hool		
What are your experier	nces in working with	children?				
what are your experies	ices in working with	cindicii.				
Please circle the age gr	oups that you would	be comfortable	working with:			
6 months – 3 years	3 – 5 years	6-10 years	11- 14 years	adult		
Signature		Date _				
Equal Opportunity Employe	er					
Swim School Use Only						
Date Received _						
Date Contacted Interview Scheduled yes no						
Date of Interview	W					
References Cont	cacted/Comments:					