

ANIRAV SWIM CLUB, INC.

P. O. BOX 50116 Richmond, Virginia 23250-0116

Name _____
 Last **First** **Middle**

Address: _____
 Street, City, State & Zip

Phone: _____ **SSN:** _____

E-mail Address: _____ **Date of Birth:** _____

Education Status: **Completed College** **Attending College**
 Completed High School **Attending High School**

Please list name and phone number of person we should contact in case of an emergency:

 Name **Phone Number**

Job for which you are applying: _____

Hourly Wage desired: _____

Have you had experience in the position/work you are applying for?

If yes, please describe: _____

Type of lifesaving certificate held: _____

Date received: _____ **Where received:** _____

When would you be available for employment and when must you resign (for school, etc.):

Available: _____ **Resign:** _____

Are there any reasons to prohibit you from working weekends, evenings, etc.?

**References: Please list any references (no more than three).
References should show relationship to you (teacher, former employer,
etc.) along with an address and phone number if possible. Do not list
relatives.**

Name Address Phone # Relationship

**You must be 16 years of age to work. If you are 14 or 15 years old you
will need to obtain a workers permit.**

Signature

Date

**Send completed applications to:
Anirav Swim Club
P. O. Box 50116
Richmond, VA 23250-0116**