



**UCSB Aquatics Program Employment Application**

**PLEASE TYPE OR PRINT LEGIBLY**

NAME: \_\_\_\_\_ ARE YOU A UCSB STUDENT \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone # (s) \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Year in School: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_ # of units this Quarter \_\_\_\_\_

Major: \_\_\_\_\_ G.P.A. \_\_\_\_\_ Have you applied for financial aid? \_\_\_\_\_

Have you applied for Work Study? \_\_\_\_\_ Have you received a Work Study Allotment? \_\_\_\_\_

Name and Phone # of Emergency Contact: \_\_\_\_\_

Certification Expiration Dates: First Aid \_\_\_\_\_ CPR \_\_\_\_\_ Lifeguard \_\_\_\_\_ WSI \_\_\_\_\_ TitleXXII \_\_\_\_\_ Other \_\_\_\_\_

**YOU MUST PROVIDE COPIES OF ALL CERTIFICATION CARDS,  
PLEASE ATTACH TO APPLICATION**

**PREVIOUS WORK EXPERIENCE - Most Recent First.** If more space is needed, attach additional sheets.

FROM: \_\_\_\_\_  
MONTH / YEAR NAME OF EMPLOYER PHONE #

TO: \_\_\_\_\_  
MONTH / YEAR ADDRESS, CITY, STATE, ZIP

# HRS. PER WEEK: \_\_\_\_\_ IMMEDIATE SUPERVISOR YOUR JOB TITLE

FINAL SALARY: \$ \_\_\_\_\_  
PER \_\_\_\_\_ DUTIES

REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

FROM: \_\_\_\_\_  
MONTH / YEAR NAME OF EMPLOYER PHONE #

TO: \_\_\_\_\_  
MONTH / YEAR ADDRESS, CITY, STATE, ZIP

# HRS. PER WEEK: \_\_\_\_\_ IMMEDIATE SUPERVISOR YOUR JOB TITLE

FINAL SALARY: \$ \_\_\_\_\_  
PER \_\_\_\_\_ DUTIES

REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE OF THIS PAGE**

