



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

