



# Menai Swim Academy

## Application for Employment / Training Package

www.menaiswimacademy.com.au

02 95432190

Learn2swim@menaiswimacademy.com.au

**Name:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone mob:** \_\_\_\_\_ **Phone hm:** \_\_\_\_\_ **TFN #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Position(s) Desired (circle):** LTS Instructor   Coach   Administration / Customer Service

How were you referred to us? \_\_\_\_\_

What date will you be available to begin work/training? \_\_\_\_\_

Availability (start time- finish time):

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

How many hours per week would you like to work? \_\_\_\_\_

What age levels would you like to instruct? \_\_\_\_\_

<b>Education:</b>	School Name	Location (city)	Start/End Years	Graduate? (Y/N)
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High School:	_____	_____	_____	_____
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College:	_____	_____	_____	_____
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Other:	_____	_____	_____	_____
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**Employment History: (start with current position):**

Position/Responsibilities	Company	Start/End Dates	Left Because:
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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May we contact your current employer? Circle one:   Yes   No

**Relevant Experience:** Please provide details of any training, skills, certifications you hold

Qualifications / Memberships:	Y / N	Number	Expiry Date
Austswim Teacher of Swimming & Water Safety			
Austswim Infant Aquatics			
Swim Australia Teacher of Swimming			
Swim Australia Teacher of Babies & Toddlers			
Swim Australia Teacher of Competitive Swimming (Junior Squad & Assistance Coach / Green) or Bronze			
CPR or First Aid			
Working with Children Blue Card			
ASTCA Membership			
Teacher Insurance			
Other:			
Other:			

Have you ever swum on a competitive team?                      Yes    No

Can you swim the four competitive strokes?                      Yes    No

Have you ever worked in child development?                      Yes    No

Are you 18 years of age or older?                      Yes    No

Do you or have you ever held a criminal conviction?                      Yes    No

Are you legally authorised to work in Australia?                      Yes    No

Do you have a pre-existing medical condition?                      Yes    No \_\_\_\_\_

**References:**

Name	Company	Title	Telephone	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**Application Acknowledgement:**  
 I certify that the information in this application is accurate, current, and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination. I authorise <your company> to investigate my employment history, credentials references, and criminal history to obtain any relevant information needed to make an employment decision. I hereby authorise my prior employers to release any and all information relating to my employment and I release <your company> and my previous employers from any and all liability that may result from the release and/or use of such information. I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between <your company> and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will", meaning that I have the right to terminate my employment at any time, and that <your company> will retain the same right.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Menai Swim Academy Unit 7 788-798 Old Illawarra Rd Menai