

# De Anza Cupertino Aquatics

1080 S. De Anza Blvd.  
San Jose, CA 95129

DACA Office (408) 253-7946 Fax: (408) 253-6443      DACA Swim School (408) 446-5600 Fax: (408) 446-5689

Swim School Applicant       Pre-Competitive Applicant       DACA Office Staff Applicant   
 Summer Swim Applicant       Coaching Staff Applicant       Volunteer Applicant

**Date:** \_\_\_\_\_

**Approval:** \_\_\_\_\_  
*For Administrative Use Only*

**Name:** \_\_\_\_\_

**Phone** \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**In case of emergency, notify:** \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

**Are you a past DACA Employee?**    YES    NO

**WORK EXPERIENCE:**

**Please list employers beginning with most recent:**

Business Name:	Supervisor	Pay Rate:	Dates Employed:	Duties Performed:	Reason for Leaving:
	Name:  Phone #:				

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	Name:  Phone #:				

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	Name:  Phone #:				

**May we contact your current employer?**                      YES                      N

**Education (most recent first):**

School	Dates Attended	Graduated	Degree
	From: To:	YES NO	
	From: To:	YES NO	
	From: To:	YES NO	

**Special Activities? (Civic, Athletic, etc...)**

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**Availability:**

**Please list the days and times during the week you are able to commit to work (for Swim School and Pre-Competitive Instructor applicants only):**

(The DACA Swim School is open M-F 6:30am-9:30pm, Sat-Sun 7am-6:30pm /Coaching requires evening and weekend):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**REFERENCES:**

**Please list three personal and/or professional references:**

Name:	Email Address:	Phone:	Relationship:

I, \_\_\_\_\_, certify that all statements made on this application are true to my knowledge and that any false information given will be grounds for dismissal or non-hire.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

**Notes (For Administrative Use Only):**