De Anza Cupertino Aquatics

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

DACA Office (408) 253-7946 Fax	:: (408) 253-6443 D	ACA Swim Schoo	ol (408) 446-5	600 Fax: (408) 446-5689	
Swim School Applicant	Pre-Competitive A	pplicant	DACA C	Office Staff Applicant	
Summer Swim Applicant	Coaching Staff Ap	plicant	Voluntee	er Applicant	
Date:			-	pproval: r Administrative Use Only	
Phone	(cell)		(home)		
Address:	City:	Z	ip:		
Email Address:		-			
In case of emergency, notify: Name:		Relationsh	ip:	Phone:	
Are you a past DACA Employee? Y	ES NO				

WORK EXPERIENCE:

Please list employers beginning with most recent:

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

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

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

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Education (most recent first):

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

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

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,W,F 2:00pm-9:00pm, T-Th 6:30am - 9:00pm Sat-Sun 7am-8:00pm. Pre-Competitive is open M – F 5:30 - 8:00 pm and Saturday 8:45 a.m. – 10:25 a.m.) Coaching requires evening and weekends

Μ	Ionday	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):