



Indian Springs Resort & RV

P.O. Box 515

3249 Indian Springs Road

American Falls, ID 83211

Email indianspringsresortandrv@gmail.com

Phone 208-226-7700

Position Applying For:

Date:

Lifeguard/Concessions Pool/Snack bar Coordinator Grounds Coordinator Grounds Keeper

Name (Last, First, Middle)	Telephone Number
Address	Cell Number
City/State/Zip	E-mail Address
Birth Date and age (child law requirements) _____	

Can you work Saturday? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you work Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You Applying For: <input type="checkbox"/> P/T <input type="checkbox"/> Temp	What Shift(s) Will You Work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings	When can you start?

EMPLOYMENT HISTORY - Begin with Most Recent Employment

Dates From To	Company Name	City, State	
Titles and Duties -			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From To	Company Name	City, State	
Titles and Duties -			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From To	Company Name	City, State	
Titles and Duties -			
Reason for Leaving:		Supervisor's Name	Telephone Number

SWIMMING/PEOPLE SKILLS

Please describe your swimming skills, what kind of swim classes etc. On a scale of 1-10 (10 being the highest) rate your swimming skills.

How do you describe yourself? Check all that apply

___ Outgoing

___ Busybody

___ Social

___ Private

EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

School	Name & Location	Dates
List schools attended		
Certification		
CPR Certification		

CLERICAL SKILLS -

List Specific Computer Skills -

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening. List your hobbies/interests:

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Why do you want to work for Indian Springs Resort & RV?

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REFERENCES - Give the Names of Three Persons Not Related to You

Name	Address	Telephone

The information on this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

