



Dollar Point Association, Inc.

P.O. Box 1490, Tahoe City, CA 96145 (530) 583-4487

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME, FIRST NAME		DATE:	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS (If Different)	CITY	STATE	ZIP CODE
PHONE NO. ()	E-MAIL ADDRESS:		

EMPLOYMENT DESIRED

POSITION (Lifeguard, Host, Pier Attendant, or Any):	DATE YOU CAN START:
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EDUCATION HISTORY

NAME & LOCATION OF SCHOOL		DID YOU GRADUATE?
HIGH SCHOOL		
COLLEGE		

FORMER EMPLOYERS (List below last 3 employers, starting with most recent one first)

Date, Month and Year	Name & Address of Employer	Position	Reason for Leaving
From: To:			
From: To:			
From: To:			

REFERENCES – Give below the names of three persons not related to you, whom you have known at least one year.

NAME	BUSINESS	PHONE #	YEARS KNOWN

CERTIFICATIONS (Check any current certifications below):

1) WSI <input type="checkbox"/>
2) CPR/FIRST AID <input type="checkbox"/>
3) LIFEGUARD <input type="checkbox"/>

CERTIFICATION/AUTHORIZATION/RELEASE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statement on this application shall be grounds for dismissal.

I authorize the Dollar Point Association (“the Association”) to investigate all statements contained herein and authorize the employers and references listed above to provide to the Association any and all information concerning my previous employment and/or any pertinent information they may have regarding me, and release the employers, references and the Association from liability for any claim or damage that may result from providing or using such information.

I understand that I may be subject to a background check as a condition to being considered for employment with the Association. I authorize the Association or its agent(s) to conduct a background check on me.

I also understand and agree that no representative of the Association has authority to enter into an agreement for employment, or to make any agreement inconsistent with the foregoing, unless it is in writing and signed by an authorized Association representative.

This Certification, Authorization and Release does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (“ADA”) or other relevant federal or state laws.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

REMARKS

ABILITY				
HIRED Yes <input type="checkbox"/> No <input type="checkbox"/>	FOR DEPT.	POSITION	START DATE	HOURLY WAGE

Signed by: _____
Office Staff