



1811 S Canonero Way Boise, ID 83709 (208) 378-4509

APPLICATION

Name (print) _____

Age _____ Birth Date _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone(s) _____,

Email Address (print clearly please) _____

Filled out during interview:

**Lifestyle Swimming Instruction has agreed to hire _____ as an assistant to Instructor, Susanne Van Buren, starting _____. We have an agreed base salary of \$_____ payable at the end of each session (3 weeks, unless you need to make other arrangements). Please record your hours on your forms accordingly.*

***Absences:** *Please find another assistant to fill in for you if you plan to be gone or you become ill.*

***Release of Liability**

I _____, understand that there are inherent risks associated with activities around a swimming pool and, more specifically, with the program offerings of LSI, Inc. I understand that medical emergencies, injuries and complications can occur as a result of strenuous physical activities associated with swimming, swimming pools and LSI, Inc. such as: common areas, equipment in and out of the pool building, steps, parking lot and surrounding areas. The risks include but are not limited to: ear and eye infections, colds, abrasions, cuts, nosebleeds, burns, stings, rashes, head injuries, injured or broken limbs, paralysis and even death. I know that the pool at LSI is 3.5-10 ft deep. I voluntarily consent to attend or participate in activities at LSI, Inc. I further release LSI from any claim I am responsible for, If injury or illness incurred, while on LSI premises. I knowingly and voluntarily waive any and all rights and causes of action, suits, damages and claims which I may have against LSI, Inc. in connection with or from participation in such above-described activity, while I am on LSI's property.

***Medical History:**

1. Are there any known physical defect or illness, which might interfere with the above his/her participation in strenuous activity? If so, please explain.
2. Are there any severe allergies or reactions to drugs or medicines? If so, please explain.
3. Are there any emotional/social disabilities that would be helpful for LSI to be aware of?
4. Please list all close family member of the above applicant. This helps with communication on both sides.

Name(s) _____ Relationship _____
Phone _____ Cell Phone _____

_____ Email _____

Health Insurance

Health insurance information: Insurance company

_____ Policy Number _____ Phone Number _____

_____ Medical Doctor _____ Phone Number _____

_____ Emergency Contacts:

Name of person and telephone numbers to call in case of emergency:

Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

_____ Other Information

Other information LSI should know about the above employee:

_____ Signature

_____ Date

_____ Print Name of Parent or Legal Guardian if Applicable

*******Please provide me with 3 references, with at least one being a past employer. Thank you.**

Name _____ ***Relationship*** _____ ***Phone*** _____

Name _____ ***Relationship*** _____ ***Phone*** _____

Name _____ ***Relationship*** _____ ***Phone*** _____