



26 Huon Cres, Holsworthy 2173 | Ph: 9825 2552 | E: [enquiries@holsworthyswimming.com.au](mailto:enquiries@holsworthyswimming.com.au) W: [www.holsworthyswimming.com.au](http://www.holsworthyswimming.com.au)

**JOB APPLICATION FORM – SWIMMING INSTRUCTOR** Date of application \_\_\_\_\_

**Personal Information**

Name		Preferred First Name (common name/nickname)	
Address		Suburb	Postcode
Home Phone	Mobile Phone	Email Address	
Date of Birth	Age		
How were you referred to us?			
Do you have a Drivers License?		If yes, Do you have your own Transport?	
Yes No		Yes No	
If no, please state how you would travel to and from work			

**Availability**

What sort of hours per week are you interested in working? (Circle all that apply):				Full - Time 30 – 40hrs	Part - Time 15 – 30hrs	Casual 3 – 15hrs	
How many days per week are you looking to work? (Circle all that apply):				1 - 2	2 - 3	3 - 4 5 +	
Do you have any other current employment or University/TAFE/High School commitments?				Yes	No		
If yes, please record your employment schedule/study timetable below:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
If your timetable will change, you will be ceasing studies, or you are going away in the near future, please state all relevant start/finish dates below.							
<b>OUR SWIM SCHOOL IS OPEN 7 DAYS A WEEK WITH SESSIONS IN THE MORNING (A.M.) AND AFTERNOON (P.M.)</b> <b>Please record your availability for each session in the table below (Put A in available sessions/days, leave unavailable sessions/days blank):</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.	9am – 1pm	9am – 1pm	9am – 1pm	9am – 1pm	9am – 1pm	8am – 12pm	9am – 1pm
P.M.	3:30pm – 7pm	3:30pm – 7pm	3:30pm – 7pm	3:30pm – 7pm	3:30pm – 7pm	12pm – 2pm	CLOSED

### Education & Training

Type of School	Name and Location of School	Degree/Area of Study	No. of Years Attended	Completed (circle one)
High School	Name _____ City _____			Yes No
Tertiary Studies	Name _____ City _____			Yes No
Other	Name _____ City _____			Yes No

### Special Skills

Have you ever completed any of the following courses? (If yes, please tick & provide date completed):

CPR Certificate Date: .....	Senior First Aid Date: .....	Bronze Course (Royal Life Saving) Date: .....
AUSTSWIM (Swim Teacher Training Course) Date: .....	Swim Australia Teacher (SAT) Date: .....	Green License COACHING Date: .....

Please list any other training, skills, certifications or licenses which may be appropriate to the position (including date completed)

### Experience

Please circle the age group/s you have had experience with (This could be babysitting, or a large family with this age group, please explain)

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Worked with children aged:

0 – 2 yrs	2 - 4yrs	5-6yrs	7-8 yrs	8-10 yrs
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### References (Do not list relatives)

Full Name	Relationship to you	Years Known	Contact number	Other Contact Details (if any)

### Emergency Contact Information

Name	Address	Mobile Phone:	Work Phone:	Home Phone:

**AFTER YOUR INFORMATION IS REVIEWED  
YOU WILL BE CONTACTED FOR AN INTERVIEW.**

**THANK FOR YOUR APPLICATION.**