



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, Gate Host, Pier Attendant, Office, or Any):	DATE YOU CAN START:	END DATE:
KNOWN DATES YOU ARE UNABLE TO WORK:	FULL-TIME/ PART-TIME:	

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

SIGNATURE: _____ DATE: _____

