



Lakeside Swim & Racquet Club

2019 Member Services Worker
Employment Application
P. O. Box 9614, Henrico, VA 23228-0614

New Employee

Returning Employee

Name: _____ Social Security #: _____

Street Addr: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone #: _____

Date of Birth: _____
mm/dd/yyyy

Education years completed, degrees, etc. _____

Previous Employment: Please list Company name, phone, dates, and reason for leaving. Attach separate sheet if more room is needed.

1. _____
2. _____
3. _____

Experience/Activities: Please list your skills related to this position

References: Please list their name, address, phone number, & relationship to you
(No immediate family members)

1. _____
2. _____

Date available for work: _____ Date must leave work: _____ Reason: _____

Hours available per week: _____

I certify that the answers given herein are true and complete to the best of my knowledge. I hereby authorize LSRC to contact previous employers and references to verify information herein as needed for employment.

Date: _____ Signature: _____