



Underwater World
 8445 W. Center Rd
 Omaha, NE 68124
 402-339-1884
www.scubauww.com
shop@scubauww.com

EMPLOYMENT APPLICATION

Date: _____

Personal Data

Name: (last, first, middle) _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ EMail Address: _____

Circle One

If employed can you provide proof of U.S. citizenship? YES NO

Are you a certified SCUBA diver? YES NO Last Dive Date: _____

Position applying for? Sales Instructor Dive Master

Referred by: _____ Can you use a computer: _____

Education Record

High School _____ Dates Attended: _____

Address: _____ City: _____ State: _____

Degrees or Diplomas: _____

College/University _____ Dates Attended: _____

Address: _____ City: _____ State: _____

Degrees or Diplomas: _____

Trade or Technical Training _____ Dates Attended: _____

Address: _____ City: _____ State: _____

Degrees or Diplomas: _____

SCUBA Certification Agency? _____ Certification Date: _____

Card Number: _____ Rating: _____

Number of Dives: _____ List Dive Locations: _____

Military Service

Branch of Service: _____ Dates of Service: _____

Duties/Special Training: _____

Employment History

Begin with the most recent employer. Attach additional sheet if needed.

Employer: _____ Dates of Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Duties: _____

Reason for leaving: _____

Employer: _____ Dates of Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Duties: _____

Reason for leaving: _____

Employer: _____ Dates of Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Duties: _____

Reason for leaving: _____

Additional Data

Have you ever been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment.

Yes No

Do you have any physical or mental disability that may limit your performance in the job you are applying for?

Yes No

If so, what can be done to accommodate your limitations?

References

List three professional references who are familiar with the quality of your work, have worked directly with you and have known you at least two years.

Name: _____ Work Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

Name: _____ Work Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

Name: _____ Work Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____