



## LIFEGUARD EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### Education:

Name of High School: \_\_\_\_\_

Name of College: \_\_\_\_\_

### List 2 References:

	<u>Name</u>	<u>Phone #</u>	<u>Title</u>
1.	_____	_____	_____
2.	_____	_____	_____

Over please →

**Work Experience (Begin with most current)**

1. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Duties & Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Duties & Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Please List All Current Certifications and Date of Expiration:**

Lifeguard: _____	Expires: _____
CPR: _____	Expires: _____
First Aid: _____	Expires: _____
Other: _____	Expires: _____

I acknowledge that the information provided is true to the best of my knowledge and give permission for my references and previous employers to be contacted.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
of Applicant

**OFFICE USE ONLY**

Date Application Rec'd: \_\_\_\_\_

By: \_\_\_\_\_ (initials)

## **EMPLOYMENT REQUIREMENTS**

- \*Applicant must be **16 years old** on, or before, May 1<sup>st</sup>
- \*Employment is from Memorial Day Weekend until Labor Day
- \*Time off for family vacation/camp is **2 weeks** (maximum)
- \*Expected to work weekends and holidays
- \*Applicant **MUST BE CERTIFIED IN:**
  - Lifeguard Training
  - C.P.R. for the Professional Rescuer
  - First Aid
- \*All Certifications must be obtained by May 1<sup>st</sup>
- \*Certifications must be valid through September 2019