

Application for Employment

Personal Information			
First Name: _____	Last Name: _____	Middle Initial: _____	
Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Birth Date: ____/____/____	Age: _____	
Year in School: _____	Social Security Number: _____		

Position Applying For: **LIFEGUARD**

1. ARE YOU AVAILABLE FOR FULL TIME WORK?.....YES NO

2. WILL YOU WORK OVERTIME?.....YES NO

3. RED CROSS CPR PROFESSIONAL RESCUE CERTIFICATE?.....YES NO

4. RED CROSS LIFEGUARD TRAINING & COMMUNITY FIRST AID & SAFETY CERTIFICATE?.....YES NO

5. WHAT DATE ARE YOU AVAIABLE TO BEGIN?..... ____/____/____

6. HAVE YOU BEEN A LIFEGUARD FOR US BEFORE?.....YES NO

6a. If yes, how many years have you been a lifeguard? _____

PLEASE LIST EXPERIENCE:

GIVE THREE REFERENCES OF THREE PERSONS NOT RELATED TO YOU

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

3. NAME: _____ PHONE: _____

Signature: _____

Date: _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.