



## 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

<p><b><u>OFFICE USE ONLY</u></b></p> <p>Date Application Rec'd: _____</p> <p>By: _____ (initials)</p>
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