

Please complete this application to be considered for employment. With your application please provide a copy of your lifeguard certification.

Please print clearly!

Date of Application Personal Information	Number	of Hours Desired Per Week
Full Name		School
Cell	_Email	Year
in School	Graduation Date	Member of West Broadway
Swim Club? Yes No If yes, how l	ong	Do you have another job? Yes No
If yes where and how many hours		
Are you a competitive swimmer? Yes	s No (if yes please m	nark practice schedule page 3)
How did you hear about the lifeguard	1 job?	
What is your personal swimming bac	kground?	
Describe your most recent lifeguardi	ng experience	
What is your swim instructor backg taught.	round? Please be s	pecific with respect to ages and abilities
What do you consider to be your stre	engths as lifeguard_	
Current Certifications (List curre CPR/AED certifications; a copy of ea		

Certifications:

Expiration Date:

Work Experience (with attention noted to lifeguarding and swimming employment). List most recent first.

1._____

Company Title Length of Employment 2.

Company Title Length of Employment 3.

Company Title Length of Employment

References:

1._____

Name Relationship Phone

2._____

Name Relationship Phone

3. _____

Name Relationship Phone

Schedule Availability

Cross out **X** time blocks you **CANNOT** work; Place a **P** in time blocks when you have **swim practice**. Place a **C** in time blocks when you have **class**. *Open times indicate you are able to work*.

Time Monday Tues	y Wednesday Thursday	Friday S	aturday Sunday
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8-10am				
10am-12pm				
12-1pm				
1-2pm				
2-3pm				
3-4pm				
4-5pm				
5-6pm				
6-7pm				
7-8pm				
8-9pm				
9-10pm				

Signature	Date	OFFICE USE HIRED
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YES____NO____POSITION(S) _____