Lifeguard Employment Application

Please complete all sections and attach copies of current certifications.

Equal Opportunity Employer

Applicants are considered without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other status protected by law.

Applicant Information

Full Name:		
Street Address:		
City:	State:	ZIP Code:
Phone Number:	Email Address:	
Date of Birth:	Sex: ☐ Male ☐ Female	Are you under 18? ☐ Yes ☐ No
Social Security Number:	Date Available to Start:	Date Available to End:
Emergency Contact Name:	Relationship:	Emergency Contact Phone:

Position and Availability

Position Applying For: ☐ Lifeguard ☐ Returning Lifeguard ☐ Head Lifeguard ☐ Swim Instructor ☐ Pool Attendant ☐ Other: _____
Type of Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Temporary
Available for full season? ☐ Yes ☐ No If no, explain: _____
Dates not available to work: _____
Days Available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Shifts Available: ☐ Morning ☐ Afternoon ☐ Evening ☐ Weekends ☐ Holidays

Certifications and Qualifications

Certification	**Current?**	**Expiration Date**	**Organization / Details**
Lifeguard	☐ Yes ☐ No		☐ American Red Cross ☐ YMCA ☐ Ellis & Associates ☐ Other: _____
CPR/AED	☐ Yes ☐ No		
First Aid	☐ Yes ☐ No		
Specialty	☐ Waterfront ☐ Waterpark ☐ Shallow Water ☐ None		Details: _____
Attach copies of all current certifications.			

Education

School Name	City/State	Years Attended	Graduated?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Employment and Volunteer Experience

Employer/Organization	Position	Supervisor	Phone	Dates Employed

Skills and Experience

Summarize relevant lifeguarding, swimming, first aid, customer service, leadership, or emergency response experience:

_____

_____

References

Name	Relationship	Phone/Email	Years Known

Applicant Certification and Authorization

I certify that the information in this application is true and complete. I understand that false or omitted information may result in refusal of employment or termination if hired.

I authorize the employer to verify information related to my references, employment history, certifications, and qualifications for the lifeguard position.

Applicant Signature:	Date:
Parent/Guardian Signature if required:	Date: