

Address	٨٥٥	Date o	f Birth	1 1
Phone # Email # Education (circle highest grade complet College 1 2 3 4 Graduate	ed): High	School 11	 12	
Please indicate your employment objectiv List all current certifications, year cer and instructor: (attach copy) (Red Cross, Advanced Lifesaving, Lifegu WSI, First Aid, etc.)	tified, uarding,	Are you interest Indicate the h Monday	ed in Full-t nours you are a (from	Supervisor_ ime orPart-to vailable to work to toto
Date you are available to begin working Date you must terminate employment Are you currently employed? Where?		Thursday Friday Saturday Sunday	(from (from (from	to to to to
Previous employment:				
References: (Please give name and pho (1)(2)	one numbe	er of three refe	erences)	

- (3)

I certify that the above information is true and correct to the best of my knowledge:

Signed___

Date / /

Note: All lifeguards will be required to pass a swimming test before employment. Periodic tests will be administered and must be passed to insure continued employment. Note: No application will be considered unless copies of current certifications are attached.