

PALISADES PARK SWIM CLUB
APPLICATION FOR LIFEGUARD EMPLOYMENT

PLEASE PRINT

DATE: _____

NAME: _____
(LAST) (FIRST) (INITIAL)

ADDRESS: _____

PHONE #: _____ CELL #: _____

S.S. #: _____ DATE OF BIRTH: _____ AGE: _____

BATHING SUIT SIZE:

(FEMALE - CIRCLE ONE)

28 30 32 34 36 38

(MALE - CIRCLE ONE)

S M L XL

PREVIOUS EMPLOYMENT AS A LIFEGUARD AT THIS POOL? YES NO YEAR _____

*****QUALIFICATIONS*****

COPIES OF LIFEGUARDING, FIRST AID, EMT CERTIFICATION, & CPR CERTIFICATION
MUST ACCOMPANY THIS APPLICATION

LIFEGUARD CERTIFICATION: _____ WSI _____
EXPIRATION DATE EXPIRATION DATE

FIRST AID: _____ CPR: _____
EXPIRATION DATE EXPIRATION DATE

ALL LIFEGUARDS MUST TAKE THE LIFEGUARD UPDATE COURSE

ALL HEAD LIFEGUARDS MUST TAKE THE RED CROSS HEAD LIFEGUARD CLASS

*****REFERENCES*****

LIST NAME, ADDRESS AND TELEPHONE # OF THREE (3) PEOPLE NOT RELATED TO YOU

LIST PREVIOUS EXPERIENCE: WHERE, DATES, REASON FOR LEAVING:

ON THE REVERSE SIDE LIST YOUR REASONS FOR WANTING TO
BE CONSIDERED FOR A HEAD LIFEGUARD POSITION

APPLICATION MUST BE RETURNED TO THE POOL OFFICE BY: _____