

City of East Bernard Lifeguard Employment Application

Date: _____

Personal Information

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Emergency Contact Information Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Experience

Lifeguard Experience

Have you worked as a lifeguard before? Yes No If yes, please provide details:

Where: _____

Employer Phone #: _____

Dates of Employment: _____

Swimming Lesson Experience

Have you taught swimming lessons before? Yes No If yes, please provide details:

Where: _____

Employer Phone #: _____

Dates of Employment: _____

CPR Training

Have you completed CPR training? Yes No If yes, please provide details:

When: _____ Instructor's Name: _____

Certified by the American Red Cross Yes No

Certificate Dates: Issued: _____ Expires: _____ Certificate #: _____

First Aid Training

Have you completed CPR training? Yes No If yes, please provide details:

When: _____ Instructor's Name: _____

Certified by the American Red Cross Yes No

Certificate Dates: Issued: _____ Expires: _____ Certificate #: _____

Availability

If you are aware of any time off you will need this summer (e.g., vacations, camps, school functions, two-a-days), please list below:

1 _____

2 _____

3 _____

References

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

PLEASE ALSO NOTE THAT ALL APPLICANTS MAY BE SUBJECT TO DRUG TESTING.

Acknowledgment

I certify that the answers provided in this application are true and complete. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will," meaning that I may resign at any time, and the Employer may discharge me at any time, with or without cause.

In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature: _____ **Date:** _____