

The Ricky Taylor Memorial Community Swimming Pool

LIFEGUARD APPLICATION 2018

Name _____ Date of Birth _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

School _____ Grade _____

Parents's Name _____ Parents Phone _____

Previous Job Experience _____

Lifeguard Certification Yes _____ No _____ Expiration Date _____

CPR Certification: Yes _____ No _____ Expiration Date _____

If not certified, when are you scheduled for Certification? _____

When can you start work at the Pool? _____

Do you have scheduling conflicts: summer practices, other jobs, camps, etc.

What dates do you plan on being on vacation and/or not available to work:

The above information is correct to the best of my knowledge.

Signature _____ Date _____

Parents Signature (under 18) _____ Date _____