

WSC Lifeguard Application Summer 2010

Date _____

NAME _____ ARE YOU AT LEAST 15 YEARS OF AGE? _____

ADDRESS _____

EMAIL _____ SSN# _____

HOME PHONE _____ CELL PHONE _____

Specific Dates or Weekly Hours NOT Available between May 31st-Sept 6th, 2010

EDUCATION

SCHOOL _____ MONTH & YEAR GRADUATED _____

MAJOR (IF APPLICABLE) _____

SCHOOL _____ MONTH & YEAR GRADUATED _____

MAJOR (IF APPLICABLE) _____

PREVIOUS LIFEGUARDING EXPERIENCE:

CERTIFICATIONS	ISSUED BY:	EXPIRATION DATE:
LIFEGUARD CERTIFICATION		
CHILD /INFANT CPR		
ADULT CPR		
FIRST AID		

PREVIOUS EMPLOYMENT:

(1)EMPLOYER _____

DATES OF EMPLOYMENT _____

JOB DESCRIPTION _____

REASON FOR LEAVING _____

SUPERVISOR'S NAME _____ PHONE NUMBER _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? _____

PREVIOUS EMPLOYMENT (CONTINUED)

(2) EMPLOYER _____

DATES OF EMPLOYMENT _____

JOB DESCRIPTION _____

REASON FOR LEAVING _____

SUPERVISOR'S NAME _____ PHONE NUMBER _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? _____

ADDITIONAL REFERECES (NOT RELATED TO YOU)

NAME _____ RELATIONSHIP TO APPLICANT _____

CONTACT NUMBER(S) _____

NAME _____ RELATIONSHIP TO APPLICANT _____

CONTACT NUMBER(S) _____

NAME _____ RELATIONSHIP TO APPLICANT _____

CONTACT NUMBER(S) _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

For Office Use Only: