

# WSC Lifeguard Application Summer 2009

Date \_\_\_\_\_

NAME \_\_\_\_\_ ARE YOU AT LEAST 15 YEARS OF AGE? \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ SSN# \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## **HOURS NOT AVAILABLE**

MONDAY - THURSDAY-

TUESDAY - FRIDAY-

WEDNESDAY - SATURDAY-

SUNDAY-

## **LIFEGUARDING HOURS:**

11-8:30 (Monday, Tuesday,  
Thursday, Friday & Saturday)

11-5:30 (Wednesday)

12-5:30 (Sunday)

8:00PM-10:30PM (PARTIES)

## **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 REFERECES? \_\_\_\_\_

**PREVIOUS EMPLOYMENT (CONTINUED)**

(2) EMPLOYER \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER FOR REFERECES? \_\_\_\_\_

**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: