WSC Lifeguard Application Summer 2014

NAME	ARE YOU AT LEAST 16 YEARS OF AGE?			
ADDRESS				
EMAIL		SSN#		
HOME PHONE	CELL PHONE			
Specific Dates or Wee	kly Hours <u>NOT</u> Avail	able between July ´	1st - Sept. 8th, 2014	
EDUCATION				
SCHOOL	MONTH & YEAR GRADUATED			
MAJOR (IF APPLICABLE)				
SCHOOL	MONTH & YEAR GRADUATED			
MAJOR (IF APPLICABLE)				
PREVIOUS LIFEGUARDI CERTIFICATIONS	ING EXPERIENCE:		EXPIRATION DATE:	
LIFEGUARD CERTIFICATION				
CHILD /INFANT CPR				
ADULT CPR				
FIRST AID				
PREVIOUS EMPLOYMEN	NT:		-	
(1)EMPLOYER				
DATES OF EMPLOYMENT				
JOB DESCRIPTION				
REASON FOR LEAVING				

SUPERVISOR'S NAME	PHONE NUMBER	
MAY WE CONTACT THIS EMPLO	YER FOR REFERENCES?	
PREVIOUS EMPLOYMENT	(CONTINUED)	
(2) EMPLOYER		
DATES OF EMPLOYMENT		
JOB DESCRIPTION		
REASON FOR LEAVING		
SUPERVISOR'S NAME	PHONE NUMBER	
MAY WE CONTACT THIS EMPLO	YER FOR REFERENCES?	
ADDITIONAL REFERENCE	S (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:		
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