

# WSC Lifeguard Application Summer 2014

Date\_\_\_\_\_

NAME \_\_\_\_\_ ARE YOU AT LEAST 16 YEARS OF AGE? \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

Specific Dates or Weekly Hours NOT Available between July 1st - Sept. 8th, 2014

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## 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 \_\_\_\_\_

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