

# WSC Lifeguard Application Summer 2016

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 May 30th-Sept 5th, 2016

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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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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: