## Lifeguard Application

Date:		_					
Name		Phone					
Permanent Address							
City		State	Zip	Sex: o Male	o Female		
Health Describe any physical limitations:							
Date Available to start: Hours Available:							
Days	available	o Mon o Tues o Wed	d o Thurs o Frio	Sat o Sun			
RECORD OF EDUCATI	ON:						
	Name &	Address of School	Years Attended	Date Graduated	Major		
Elementary							
High School							
College							
Other							
RECORD OF EMPLOY	MENT						
Former Employer		Start/End	Type of work				
Permission to consult previous employers?			o yes	o no			
Do you hold a valid CPR certificate?			o yes	o no			
Are you willing to teach swim lessons?			o yes	o no			
Do you hold a valid Lifeguarding Certificate?			o yes	o no			
List any other experie	nces or t	raining you have had in a	quatics:				
1							
2							
3							

## References:

Name	Address	Phone	Occupation

The following background che PA Child Abuse History: https PA State Criminal History: htt	://www.compass.state.pa	a.us/cw		good for 5 y	ears.	
I hereby certify that all of the	e foregoing statements a	re true	and correct.			
Signed:			Date:			-
Return appli laurelrunpoo Attention: K	ol@gmail.com					
Also submit copies of certification for:		CPR LIFEGUARDING FIRST AID CLEARANCES				
Office Use Only						
CPR Certification	Date Issued:					
FIRST AID	Date Issued:					
LIFEGUARDING	Date Issued:					
CLEARANCES	Date Issued:					
Date Hired:						