

**Lifeguard Job Application**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

SS #: \_\_\_\_\_ Years of lifeguard experience: \_\_\_\_\_

**Emergency Contact Information**

Person to Contact in an emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Most Recent Employment**

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

If no recent employment, please check box: ☐

Lifeguard Information: Please attach photocopies of your current certificates...even if you have worked for us in the past.

<b>Certification</b>	<b>Date Completed</b>	<b>Expiration Date</b>	<b>Instructor</b>	<b>Copy</b>
<b>Lifeguard</b>				
<b>WSI</b>				
<b>CPR</b>				
<b>First-Aid</b>				

I agree to work two consecutive pool seasons for Walsh Recreation District or I will be subject to reimburse ½ of the certification cost paid by the Recreation District on my behalf.

Signature: \_\_\_\_\_

Parent Signature: (if under 18) \_\_\_\_\_