

**LIFEGUARD
APPLICATION FOR EMPLOYMENT**

**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	CELL NO.	EMAIL	
REFERRED BY:			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	WAGE DESIRED	
ARE YOU <input type="checkbox"/> YES EMPLOYED? <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE <input type="checkbox"/> YES OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> NO		
EVER APPLIED TO <input type="checkbox"/> YES THE CITY BEFORE? <input type="checkbox"/> NO	WHERE?	WHEN?	

ALL LIFEGUARDS MUST BE A MINIMUM OF 15 YEARS OF AGE AND HAVE RELIABLE TRANSPORTATION.

SWIMMING EXPERIENCE			
CERTIFICATIONS:	LIFEGUARD/FIRSTAID EXPIRATION		CPR/AED EXPIRATION

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			
U.S. MILITARY OR NAVAL SERVICE		RANK	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON THE OTHER SIDE

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS / PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED:	POSITION:	START DATE:	WAGES: