

Susquehanna Valley Central School District Department of Health, Physical Education, & Athletics 1040 Conklin Road, P.O. Box 200, Conklin, NY 13748

607-775-9144



LIFEGUARD APPLICATION

| Name: | | | | Date: | | |
|----------------------------------|--|-------------------|-----------------|------------------------|------------|--|
| If <u>UNDER</u> 18, please state | your age: | | _ | | | |
| Address: | | | | | | |
| City: | | | | Zip: | | |
| Phone Number/s, including | g Area Codes: | | | | | |
| Home | | Cell | | Social Socur | ity Number | |
| Home | | Cen | | Social Security Number | | |
| E-Mail Address: | | | | | | |
| • Education: | | | | | | |
| High School: | | | City, State: | | | |
| *If currently in H.S., state | grade level: | | | | | |
| Undergraduate: | | | | | | |
| Graduate: | | | City, State: | | | |
| • Certifications that y | (Copies of ALL | certifications MU | ST be attached) | | | |
| | Lifeguarding | Expiration Da | ate: | | | |
| | CPR / AED | Expiration Da | ate: | | | |
| | First Aid | Expiration Da | ate: | | | |
| ◆ Experience: | (List all pertinent positions held, location, number of months or years) | | | | | |
| Position | Location Mo | | | Mo. / Yrs. | | |
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| S | | | Date | | | |

Revised: 2/6/19