



LIFEGUARD APPLICATION

Name: _____ Date: _____

If **UNDER** 18, please state your age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number/s, including Area Codes:

_____ Home _____ Cell _____ Social Security Number _____

E-Mail Address: _____

◆ **Education:**

High School: _____ City, State: _____

*If currently in H.S., state grade level: _____

Undergraduate: _____ City, State: _____

Graduate: _____ City, State: _____

◆ **Certifications that you currently hold:** *(Copies of ALL certifications MUST be attached)*

- | | |
|---------------------------------------|------------------------|
| <input type="checkbox"/> Lifeguarding | Expiration Date: _____ |
| <input type="checkbox"/> CPR / AED | Expiration Date: _____ |
| <input type="checkbox"/> First Aid | Expiration Date: _____ |

◆ **Experience:** *(List all pertinent positions held, location, number of months or years)*

Position	Location	Mo. / Yrs.

Signature

Date