



Discover Experience Grow

2017 Application for Employment

Name: _____
(First) (Middle) (Last)

Current Address: _____

Home Address (If different than above): _____

Best Contact Phone Number: _____

Email Address: _____

Are you 18 or older? _____

Position Applying for: Lifeguard ____ Counselor ____ Other _____

Date Available: Beginning _____ Ending _____

Certifications:

First Aid: Yes ____ No ____ Expiration Date _____

CPR: Yes ____ No ____ Expiration Date _____

Lifeguard: Yes ____ No ____ Expiration Date _____

(continued)



Qualifications:

Additional Certifications:

Academic Achievements (*School attended, degrees earned, dates of completion*):

Continuing Education Completed (*Courses taken, dates of completion*):

Professional Organization Membership:

References:

Name: _____
(First) (Middle) (Last)

Phone Number: _____

Email Address: _____

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