

PARK FALLS COMMUNITY POOL LIFEGUARD APPLICATION

Section 1:	Persona	al Details									
Title:			Name:								
Address:				-							
	City:	City:					State: Zip:				
Home Phone No.					Cell Nun	nber					
Email address:											
Do you desire full-time or part-time/as needed						FT 🗌] PT	· 🛛			
employment? FI L If part-time, would the pool be your primary											
employment or in addition to another job?							No				
Are you at least 15 years old by June 1st?						Yes [No	∎€			
Do you have a current Lifeguard Certification? (Please attach a photocopy) Yes □ No □€											
	-	107		lossons	(///SI/)2						
Are you certified to teach swimming lessons (WSI)? (Please attach a photocopy)							No	∎€			
If you are		d you be	intereste	ed in rece	iving	_	-				
WSI certif	ication?					Yes ∟	_ No	L€			
Are you c	Are you currently enrolled in High School or College? Yes □ No □€										
Section 2:	Educati	on									
Date	Date	Name of	School								
From	То	To High School/College									
Section 3:	Employ	ment Rec	ord								
Please lis								Yes 🗌	No		
Have you	ever appl	ied or be	en emplo	oyed by t	he City of	Park Fal	lls?		NO		
Name and address of Date Date Job Employer From To			Job Title	b Title/Job Function/Resonsibilities?							
Section 4:	Referen	ces - plea	ase provi	ide two re	eferences	5				1	
Reference 1						Reference	ce 2				
Name:					Name:						
Job Title:							1				
Work Relat	ionship:				Work Relationship						
Phone #:						Phone #:					
Email:						Email:					

Section 5: Declaration:

I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false or misleading statements could place my potential employment in jeapardy.

Signed:	Date:	