

**SUMMER (SEASONAL) EMPLOYMENT APPLICATION**

Positions available: Manager, lifeguards/lesson instructors. Guards/instructors must be Red Cross Certified prior to the start of employment. Must be available weekends, evenings until closing and during lessons.

Position Applying for: \_\_\_\_\_ Manager \_\_\_\_\_ Lifeguard/lesson instructor

Date available to work: \_\_\_\_\_ Part-time \_\_\_\_\_ Sub only \_\_\_\_\_

INSTRUCTIONS: **PLEASE PRINT IN INK OR TYPE**

**PERSONAL DATA**

Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

College Address \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email \_\_\_\_\_

**EDUCATION AND TRAINING**

High School \_\_\_\_\_ No. years completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College \_\_\_\_\_

List any training, certifications or experience related to the job you are applying for.

\_\_\_\_\_  
\_\_\_\_\_

Have you worked at the Edgewood Pool in the Past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain position and dates of employment

\_\_\_\_\_  
\_\_\_\_\_

Do you have any activities that will hinder you from working daily schedules, through August?  
\_\_\_\_\_yes \_\_\_\_\_no (Examples: sports, other jobs, family vacations, classes, or other commitments)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If applicable, when will you be leaving for college? \_\_\_\_\_

**CERTIFICATIONS**

Do you have the following certifications?

(Circle one)

Expiration Date:

RED CROSS WATER SAFETY INSTRUCTOR (WSI) YES/NO

\_\_\_\_\_

AMERICAN RED CROSS LIFE GUARD (LG) YES/NO

\_\_\_\_\_

AMERICAN RED CROSS 1<sup>ST</sup> AIDE YES/NO

\_\_\_\_\_

AMERICAN RED CROSS CPR YES/NO

\_\_\_\_\_

***ALL LIFEGUARDS MUST HAVE LG CERTIFICATION TO TEACH LESSONS***

**AUTHORIZATION AND RELEASE**

Having made application for employment and desiring the City of Edgewood to be informed as to my record(s), I hereby authorize the City of Edgewood to investigate my record and I further authorize the addressed individual, company or institution to furnish the City of Edgewood with any information which may concern my record, and do hereby release the addressed individual, company or institution and all persons whomsoever from any damage on account of furnishing such information.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_