

WESTGATE POOL

LIFEGUARD APPLICATION

Date: _____

Name: _____

Mobile Phone: _____ OK to Text? _____ Home Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday (MM/DD/YYYY): _____ Age: _____ Gender: _____

EDUCATION	NAME OF SCHOOL	GRADE/GRADUATED/DEGREE?
HIGH SCHOOL		
COLLEGE		

Do you expect to be gone anytime from Memorial Day to Labor Day? _____

If yes, what dates? _____

First date available: _____ Last day available to work: _____

CERTIFICATIONS	YES or NO	EXPIRATION DATE	COMMENTS
Valid Driver's License?			
Lifeguarding?			
CPR?			
Pool Operators License?			

REFERENCES (that we may contact):

Name:		Phone:
Name:		Phone:
Name:		Phone:

WORK HISTORY – Lifeguard or work experience starting with current or most recent:

Company 1:	Start Date:	End Date:
Reason for Leaving:		

Company 2:	Start Date:	End Date:
Reason for Leaving:		

By submitting, you certify that the facts set forth in this employment application are true and complete to the best of your knowledge.

If using Acrobat to fill in this form, simply save the completed form to your computer. If using Chrome or some other program, you may need to click "Print" and then select "Save as PDF".

Please email completed application to:
westgatepoolgators@gmail.com