



## Seasonal Lifeguard Employment Application

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Please check below indicating the position(s) that you are interested in applying for:

- Lifeguard  
 Swim Instructor  
 Swim Instructor Assistant

1. Do you have previous lifeguard experience  Yes  No  
If yes, please list where you worked, dates and what your responsibilities were in the section below:

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

2. Are you a certified Red Cross Lifeguard?  Yes  No  
If yes, please complete below:

Where Certification was received: \_\_\_\_\_

When Certification was received: \_\_\_\_\_

Date Certification expires: \_\_\_\_\_

3. Are you certified in Red Cross First Aid/CPR?  Yes  No  
 If yes, please complete below:
- Where Certification was received: \_\_\_\_\_
- When Certification was received: \_\_\_\_\_
- Date Certification expires: \_\_\_\_\_
4. If you are not certified do you agree that you will complete a certification course at your own expense?  Yes  No
5. Are you a certified American Red Cross Water Safety Instructor?  Yes  No
6. Are you willing to work both week day and weekend hours?  Yes  No
7. Do you have reliable transportation?  Yes  No
8. On average, how many hours per week are you interested in working during the pool season?
- Please check one:  10 – 20 hours  20 – 30 hours  30 – 40 hours
9. Please indicate the date when you will be available to begin work: \_\_\_\_\_
10. Please list any scheduling conflicts that you are aware of (i.e. in school until XX date, family vacations, sports camps, date returning to school, college, etc...):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please ensure you have completed all sections. Forward completed application, copies of certification and partially completed work permit (if under age 18 and/or high school student to Cloverdale Cabana Club, ATTN: Karen Clendening (Aquatics Manager):

<p><b><u>Via Mail:</u></b>          PO Box 176          Campbell, CA 95008</p>	<p><b><u>Via Email</u></b>  <a href="mailto:sales@cloverdalecabana.com">sales@cloverdalecabana.com</a></p>
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**Please call (866) 998-8686 with any questions related to this form**