



# Voorhees Swim Club

## Lifeguard Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

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

Are you able to carry out the responsibilities listed in the manual? YES NO

Are you legally able to work in the United States? YES NO

Have you ever been convicted of a felony? YES NO

What days are you able to work? Check all that apply Mon Tue Wed Thu Fri Sat Sun

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### Qualifications and Certification

Are you CPR Certified? YES NO Date of Certification \_\_\_\_\_

Are you Lifeguard/First Aid Certified? YES NO Date of Certification \_\_\_\_\_

A copy of all certifications must be provided to the Voorhees Swim Club as a condition of employment

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**References**

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. If necessary for employment you may be required to: supply your birth certificate or other proof of authorization to work in United States, have a physical examination and/or drug test and to sign a code of conduct agreement and abide by its terms.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_