

Alanton Baycliff Recreation Center (ABRC) Lifeguard Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home _____ Email _____

Cell Phone: _____

Dates Available to Work: _____

Previous Employment (Including ABRC)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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Clubs & Organizations

(e.g. First Colonial HS Swim Team)

Certifications: Please attach copies of your current certifications.

Certification	Completed Date	Expiration Date
WSI		
Lifeguard Training		
CPR		
First Aid		
Other		

References

Ref 1 Name: Last First M.I. Phone:

Ref 2 Name: Last First M.I. 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.

Signature: _____ **Date:** _____