

ST. CHARLES COMMUNITY ASSOCIATION

Lifeguard Employment Application

Current Aquatic Certifications are required and must be included with this application.

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address						Apartment/Unit #					
City				State		ZIP					
Phone				E-mail Address							
Date Available			Social Security No.			Referred by					
AR Driver License No.											
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION											
High School											
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
College											
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
PLEASE LIST ONE PERSONAL REFERENCE											
Full Name					Relationship						
Company					Phone						
Address											
PREVIOUS EMPLOYMENT											
Company						Phone					
Address						Supervisor					
Job Title				Starting Salary \$				Ending Salary \$			
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company						Phone					
Address						Supervisor					
Job Title				Starting Salary \$				Ending Salary \$			
Responsibilities											

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 _____

AUTHORIZATION TO RELEASE INFORMATION

I understand that as part of the application process, St. Charles Community Association may verify information contained in my application and in any other documents required in connection with processing this employment application.

Date

Signature

Print Name Clearly

AQUATIC CERTIFICATIONS

DATE COMPLETED

EXPIRATION DATE

American Red Cross Lifeguard Training _____

American Red Cross CPR for the Professional Rescuer _____

American Red Cross Community First Aid _____

American Red Cross Water Safety Instructor _____

Other _____

AQUATIC EMPLOYMENT QUESTIONS

Will you be 16 years of age prior to season start? Yes No

How much previous lifeguard experience do you have? None 1 year/season 2 years/seasons

Please detail your lifeguard experience, including seasons worked at St. Charles Community Association and your interest in working at the St. Charles Pool.

Are you available to work the entire season from May 25 through September 2, 2019? Yes No

If not, what date can you begin? _____ or stay through? _____

Are you available to work varying days & hours Mon-Sat between 9 AM and 8:30 PM or Sun noon to 8:30 PM, including holidays & weekends?

Yes No If no, list exceptions _____

Are you planning vacation or any extended period away during this season? Yes No If yes, when? _____

List extracurricular activities that would affect your ability to work, plus any known dates you will be unavailable.

Do you have any work assignment preferences? 30 to 40 hours 20 to 30 hours 10 to 20 hours

Are you available for start-up operations, as early as May? Yes No

Are you willing to be drug tested at the expense of St. Charles Community Association? Yes No

What other summer employment are you considering? _____