

Wedgewood Hills Swim Club Lifeguard Application

Summer 2018

Please complete the following application in full and mail to Wedgewood Hills Swim Club, PO Box 60682, Harrisburg, PA 17106-0682. Questions can be sent via an email to wedgewoodhillsswimclub@gmail.com. Wedgewood Hills will accept applications up to April 30. Consideration will be given to applications returned prior to this date.

Full Name (First, Middle Initial, Last): _____

Birthdate: _____ Social Security#: _____

Address: _____

(home number, street, city, state, zip code)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Position Applying For:

- Head Lifeguard
- Lifeguard

EXP. DATE OF YOUR FIRST AID/CPR:

EXP. DATE OF YOUR LIFEGUARDING:

If you do not have a current first aid/cpr/lifeguarding certification, please indicate the date that you will anticipate passing your class:

Do you have any **vacations** planned or do you have any **days or hours** that you must take off regularly during the week? If so, please list them here: (NOTE: We will take your availability for the summer season into consideration for employment.)

Are you able to work Memorial Day Weekend? ___ YES ___ NO

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Are you available to work the week prior to and during Labor Day Weekend? ____ YES ____ NO

If applying to be a lifeguard, would you be interested in obtaining extra hours by guarding after-hours for pool parties on weekend evenings? YES NO

Would you be interested in helping with Learn-to-Swim lessons? YES NO

Please list any previous employment experience you have had:

Company: _____ Phone: _____

Job Title: _____ Dates of Employment: _____

May we contact your previous supervisor for a reference? YES NO Wage/Salary: _____

Company: _____ Phone: _____

Job Title: _____ Dates of Employment: _____

May we contact your previous supervisor for a reference? YES NO Wage/Salary: _____

References [Please list two personal references here]:

Full name: _____ Phone: _____

Email Address: _____

Full name: _____ Phone: _____

Email Address: _____

I certify that the answers I have given in this application are true and accurate to the best of my knowledge and I understand that any false or misleading answers or any omission or concealment of facts will disqualify me from consideration for employment or will be grounds for my immediate discharge.

I certify that I have read the above, understand it and agree to it.

X _____ Date: _____

Signature (do not print)

Send your application directly to Wedgewood Hills Swim Club, PO Box 60682, Harrisburg, PA 17106-0682.

Email questions to wedgewoodhillsswimclub@gmail.com.

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Thank you for your interest in working for Wedgewood Hills!