

FOXBORO POOL
LIFEGUARD EMPLOYMENT APPLICATION

(MINIMUM AGE FOR EMPLOYMENT IS 15)

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ ZIP: _____

PHONE: (H) _____ (C) _____ (WK) _____

E-MAIL: _____

PARENTS: _____

IS YOUR FAMILY A MEMBER OF THE FOXBORO POOL? Y/N # OF YEARS _____

EXPERIENCE:

DO YOU HAVE PREVIOUS EXPERIENCE WORKING?

IF YES, PLEASE LIST YOUR POSITION(S) AND LENGTH OF EMPLOYMENT:

PLEASE LIST ANY OTHER EXPERIENCE THAT YOU FEEL QUALIFIES YOU TO BE
EMPLOYED AT THE FOXBORO POOL:

QUALIFICATIONS FOR LIFEGUARD:

HAVE YOU BEEN EMPLOYED AS A LIFEGUARD PREVIOUSLY? Y/N

WHERE & HOW LONG: _____

PREVIOUS HOURLY PAY RATE: _____

HAVE YOU BEEN CERTIFIED? Y/N WHEN & WHERE: _____

IS YOUR CERTIFICATION CURRENT? Y/N CPR TRAINING? Y/N

IF RECERTIFICATION IS REQUIRED, ANTICIPATED DATE OF CLASS: _____

NOTE:

ALL LIFEGUARDS MUST HAVE CURRENT CERTIFICATION/FIRST AID/CPR TO BE EMPLOYED.

A COPY OF EACH MUST BE ON FILE IN THE OFFICE PRIOR TO EMPLOYMENT.

AVAILABILITY:

WILL YOU BE AVAILABLE TO WORK ALL SUMMER: Y/N

NUMBER OF DAYS/WEEKS ANTICIPATED UNABLE TO WORK (VACATION, ETC.) _____

NUMBER OF DAYS A WEEK YOU WOULD LIKE TO WORK _____

REFERENCES:

PREVIOUS EMPLOYER:

NAME: _____ ADDRESS: _____ ZIP: _____

PHONE: _____ TYPE OF WORK: _____

PERSONAL:

NAME: _____ ADDRESS: _____ ZIP: _____

PHONE: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____ ZIP: _____

PHONE: _____ RELATIONSHIP: _____

NOTE:

ALL FORMS/PAPERWORK MUST BE COMPLETED AND ON FILE IN THE OFFICE PRIOR TO EMPLOYMENT. THESE INCLUDE (1) COMPLETED APPLICATION (2) W-4 AND (3) COPIES OF CERTIFICATION & CPR TRAINING

ALL APPLICATIONS/PAPERWORK ARE TO BE SUBMITTED TO:

**The Foxboro Pool
PO Box 30605
GAHANNA, OHIO 43230
info@foxboropool.org**

Date Received: _____ Interview Date: _____

Comments: _____