

**AQUATIC STAFF APPLICATION**  
**GLENMOOR GARDENS HOMEOWNER ASSOCIATION**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_  
Current School \_\_\_\_\_ Grade \_\_\_\_\_

**Emergency Contact Info**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Alternate Cell \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Employment Information**

Please check the box if it is your FIRST or SECOND year applying

Please check the position(s) you are applying for:

\_\_\_\_ Lifeguard    \_\_\_\_ Swim Instructor

Are you interested and qualified for any of the following leadership positions:

**Lifeguards:**    \_\_\_\_ Head Guard    \_\_\_\_ Assistant Head Guard    \_\_\_\_ Life Guard Manager\*

**Swim Lessons:**    \_\_\_\_ Deck Staff    \_\_\_\_ Swim School Manager\*

\*These positions may be available\*

Do you have any health conditions that could possibly interfere with a lifesaving situation?

\_\_\_\_ Yes    \_\_\_\_ No    If yes, please explain \_\_\_\_\_

Date of last physical \_\_\_\_\_ Date Your Work Permit will be available if <18 \_\_\_\_\_

Were you referred by anyone? \_\_\_\_\_

**Please turn over to complete application**

**Certifications – Complete by May 25th.**

**Lifeguard:** American Red Cross Lifeguard (with First Aid, CPR, & AED) required.

**Shallow Water Lifeguard certifications will NOT be accepted.**

**Swim Instructor:** Lifeguard certification preferable, First Aid & CPR Certification required

All certifications and re-certifications must be completed as part of an in-person/hands-on/in-water class.

American Red Cross blended learning certifications are accepted.

**Online (re)certifications will NOT be accepted.**

If you are currently certified, complete all information for the certification.

If you are not certified, indicate your plan to get certified by completing the items with an \*.

\*Training Facility \_\_\_\_\_ \*Date \_\_\_\_\_

\*Course Name \_\_\_\_\_ Instructor \_\_\_\_\_

\*Phone \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please submit copies of certification with your application**

**Returning GGHA employees:**

**Skip to the bottom of the page to sign and date the application.**

**Employment History**

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_

Job duties \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_

Job duties \_\_\_\_\_

**References**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_ Length of relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_ Length of relationship \_\_\_\_\_

I authorize Glenmoor Gardens Homeowner Association to communicate with references, former employers, and any other person with whom GGHA desires to communicate with about my work performance. To the best of my knowledge, the foregoing statements are complete and accurate, and no facts have been withheld that would adversely affect a decision to employ. Falsification of information may be cause for dismissal.

**A resume may also be attached with additional qualification information**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_