

**HAYFIELD FARM SWIM CLUB  
EMPLOYMENT APPLICATION  
2024 SEASON**

I am applying for (may X more than one – separate applications not required):

\_\_\_ Regular Lifeguard \_\_\_ Substitute Lifeguard \_\_\_ Assistant Manager

Name: \_\_\_\_\_.

Mailing Address: \_\_\_\_\_.

\_\_\_\_\_.

Cell Phone # \_\_\_\_\_ Alternate Phone# (optional) \_\_\_\_\_.

E-mail Address: \_\_\_\_\_.

**Pool opens 3<sup>rd</sup> week of May and closes the 2<sup>nd</sup> week of September. Some staff may be required in early May to help setup pool for opening.**

Date you will be available to start work: \_\_\_\_\_.

Date you must stop work at the end of the Summer: \_\_\_\_\_.

Expiration Date of Lifeguard, First Aid, and CPR Certificate: \_\_\_\_\_.

**HFSC does not accept the American Lifeguard Certification. Please contact the Operations Chair for any questions: [operations@hayfieldpool.com](mailto:operations@hayfieldpool.com)**

If not certified yet, provide planned certification date: \_\_\_\_\_.

If you are a Pool Operator, expiration date: \_\_\_\_\_.

Previous Lifeguard Experience:

Year(s) \_\_\_\_\_ Pool: \_\_\_\_\_.

Supervisor: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_.

Year(s) \_\_\_\_\_ Pool: \_\_\_\_\_.

Supervisor: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_.

Education (Secondary School and above to include school name, years attended, degree program):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other work experience (Business name, dates of employment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email completed application to [operations@hayfieldpool.com](mailto:operations@hayfieldpool.com) with **2024 Application** in the email subject line. Applications for Assistant Manager are due February 25, 2024. Applications for lifeguard are due by March 31, 2024.

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References:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_.

HFSC strives to hire a staff that includes rising high school sophomores through seniors to ensure an experienced staff as our employees become adults and pursue other employment opportunities. To aid in balancing staff age groups, we request birth dates on our application. HFSC will obtain a Virginia Youth Work Permit for any 15-year-old staff. We also request applicant gender to ensure we hire enough staff to have employees on each shift to attend to bath house facilities without needing to temporarily close them, and to provide staff to attend to younger members who may require assistance with gender specific needs.

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_.

HFSC provides swimsuit uniforms and T-shirts. Please enter Swim Suit Size: \_\_\_\_\_.

T-Shirt Size: \_\_\_\_\_

Please let us know how you heard about this HFSC Employment Opportunity:

\_\_\_\_\_.

**Certification**

I certify that the information given herein is true and complete to the best of my knowledge. I authorize the HFSC to investigate any information, including employment history, educational background, credit history, and record of criminal conviction that it believes is relevant to my employment application. My former employers, educational institutions, and references may provide information that they may have about me in response to inquiry from the employer. I understand that false information, omissions or misleading information or misrepresentations given in my application or during the interview process may result in a refusal to hire, or discharge in the event of employment. I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between HFSC and myself for employment or for any other benefits. No promises regarding hiring or employment have been made to me, and I understand that no such promise or guarantee is binding unless made in writing via email by an authorized representative of HFSC. Submission of an application to HFSC indicates my understanding of the above. Type or sign name below.

Name: \_\_\_\_\_ Date \_\_\_\_\_

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