

**HAYFIELD FARM SWIM CLUB
LIFEGUARD / STAFF EMPLOYMENT APPLICATION
2019 SEASON**

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

Regular Lifeguard Substitute Lifeguard Pool Manager Assistant Manager

Name: _____.

Mailing Address: _____.

_____.

Cell Phone # _____ Home Phone # _____.

E-mail Address: _____.

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. Providing your birth date prior to hiring is optional but it does help HFSC in balancing staff age groups. 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. Gender will also be used to order lifeguard suits.

Birth date: _____ Gender: _____.

Staff will be needed beginning in late April. Pool opens in May and closes the second week of September.

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: _____.

If not certified yet, provide scheduled certification date: _____.

Expiration Date of Pool Operator Certificate (if certified) _____.

Previous Lifeguard Experience:

Year(s) _____ Pool: _____.

Supervisor: _____ Supervisor's Phone #: _____.

Year(s) _____ Pool: _____.

Supervisor: _____ Supervisor's Phone #: _____.

Year(s) _____ Pool: _____.

Supervisor: _____ Supervisor's Phone #: _____.

Please email completed application to info@hayfieldpool.com with **2019 Application** in the email subject line. Applications for manager/assistant manager are due February 3, 2019. Applications for lifeguard are due by March 10, 2019.

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Other Work Experience:

Position: _____.

Company: _____.

Length of Employment: _____.

Supervisor: _____ Phone #: _____.

Position: _____.

Company: _____.

Length of Employment: _____.

Supervisor: _____ Phone #: _____.

Position: _____.

Company: _____.

Length of Employment: _____.

Supervisor: _____ Phone #: _____.

Education:

School: _____ . Dates attended: _____.

School: _____ . Dates attended: _____.

School: _____ . Dates attended: _____.

References:

Name: _____ Phone #: _____.

Name: _____ Phone #: _____.

HFSC provides swimsuit uniforms. Please enter Swim Suit Size: _____.

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

_____.

Certification

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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 my 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.

I hereby authorize HFSC in considering my application to contact any of the schools, employers and references I have identified on my application, and to receive information about my education, employment skills, abilities, experience and character. My understanding of the above is indicated by my signature below.

Signature: _____ . Date: _____ .

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