

Lifeguard Application 2020

Long Branch Swim & Racquet Club
Any questions please contact Elmer Marcos at 618-334-8583 or email at elmer.marcos@gmail.com.

Background Information		
Name	Soc. Sec#	
A 11		
Home Phone #	Cell Phone #	Text? Yes/No
Email	Birth date	
US Citizen Yes/No School Nam	e and last grade complete	ed
Employment Interest		
Average number of hours you w	ant each week	_
Are you a member of this pool?	Yes/No Are you on a swi	im team? Yes/No
		acation, camp, school events, etc.) If you
going to college or in college, pl	ease let us know your sta	rt date.
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Event Dates Time of Day Unav	/ailable (afternoon/even	ing)
Lifeguard Experience		
Years of lifeguard experience		
Current Certifications (must b	e current to work) Type	e and Expiration Date
Lifeguard		•
First Aid		
CPR	Pool Operat	or
Work Experience		
Employer	Position	Dates Worked
Supervisor/Phone Number		Reason for leaving
Employer	Position	Dates Worked
Supervisor/Phone Number		Reason for leaving

References Name Phone # Relationship 1._____ 2._____ Please provide any other information you would like for us to know below. Any questions please contact Elmer Marcos at elmer.marcos@gmail.com Return applications by mail to 9016 Home Guard Dr., Burke, VA 22015 or by email above. **Other Information**

Applicant Signature