

FALLEN TIMBERS FAMILY RECREATION CLUB LIFEGUARD APPLICATION

Name _____

Last

First

Middle

Address _____

Number

Street

City _____ State _____ Zip _____

Cell Phone # () _____ Age (as of May 1) _____

Email address: _____

Dates you will be available for work:

From: _____ to _____

Day & month

Day & month

Days of the week you will be available for work (please circle):

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Daily hours you will be available for work:

From: _____ to _____

Will you need extended time off for vacation, summer camps, school, etc? YES NO

If yes and you know them, please indicate dates you will need off:

Do you currently hold a lifeguarding certificate? YES NO

*only American Red Cross or YMCA certificates accepted

Do you currently hold a CPR certificate? YES NO

Are you available to work weekends and holidays? YES NO

*minimum standard is one weekend/ month and working summer holidays is expected

EXPERIENCE: Describe below any positions you have held in the recent past, or any other experience which you think may qualify you for a position. Include all previous employment. Begin with your most recent employment.

Title of position: _____ **Dates position was held:** _____

Name of employer: _____

Address of employer: _____

Telephone number of employer: _____

Duties: _____

Title of position: _____ **Dates position was held:** _____

Name of employer: _____

Address of employer: _____

Telephone number of employer: _____

Duties: _____

Title of position: _____ **Dates position was held:** _____

Name of employer: _____

Address of employer: _____

Telephone number of employer: _____

Duties: _____

CERTIFICATE OF APPLICANT: I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment, or other favorable action made in connection therewith.

_____ Applicant Signature & Date

_____ Parent Signature (under 18) & Date

PLEASE COMPLETE REFERENCE PAGE ON NEXT PAGE OF THIS APPLICATION

REFERENCES: PLEASE PROVIDE A LIST OF TWO PERSONAL REFERENCES THAT COULD BE CONTACTED:

REFERENCE #1 Name: _____

Relationship to applicant: _____

Address: _____

Telephone number: _____

Email: _____

REFERENCE #2 Name: _____

Relationship to applicant: _____

Address: _____

Telephone number: _____

Email: _____

Please return this form to Jen Harder (scan and email): jharder@tcfona.com

Or mail: 829 Avalon Road Waterville, OH 43566