

Pheasant Run Swim Club

Lifeguard Application

P.O. Box 2057
Cinnaminson, NJ 08077

PERSONAL INFORMATION

Name:	_____		
Street:	_____		
City, State, Zip:	_____		
Phone 1:	_____	Phone 2:	_____
DOB:	_____	SSN:	_____
email Address:	_____		
Parent/Guardian Names (if under 18):	_____		

WORK INFORMATION

Start Date:	_____	End Date:	_____
Employment Type:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Substitute		
MINIMUM number of hours per week you will be available to work:	_____		
Will you be available to work pre-season (Memorial Day weekend and first 2 weekends in June)?	<input type="radio"/> Yes <input type="radio"/> No		
Will you be available to work post-season (Labor Day weekend and following weekend)?	<input type="radio"/> Yes <input type="radio"/> No		
Will you be taking a vacation during the season?	<input type="radio"/> Yes <input type="radio"/> No		
If yes, what days will you be away:	_____		

CERTIFICATIONS

<u>Type</u>	<u>Expiration Date</u>
<input type="checkbox"/> Lifeguard	_____
<input type="checkbox"/> First Aid	_____
<input type="checkbox"/> Adult CPR	_____
<input type="checkbox"/> Child & Infant CPR	_____
<input type="checkbox"/> CPR for Professional Rescuer	_____
<input type="checkbox"/> Water Safety Instruction	_____
<input type="checkbox"/> Other _____	_____

EXPERIENCE

Employer	Dates	Position	Manager	Phone

REFERENCES (both cannot be relatives)

Name	Relation	Phone

HEALTH

Do you have any health conditions that would render you unable to hold this position?	<input type="radio"/> Yes <input type="radio"/> No
Is your eyesight normal?	<input type="radio"/> Yes <input type="radio"/> No
If not, what form of correction do you use? _____	

I, the undersigned, hereby declare all information on this form to be true.

Signature _____ Date _____

Parent signature if applicant is under 18.

Signature _____ Date _____

Please return your application by May 1st. If not returned by this date, there is no guarantee of an interview, or if hired, of opening day work or full time hours. Application submission does not guarantee employment of any kind. If positions are available, interviews will be schedule with all qualified candidates. Please bring copies of all your certification cards to your interview. Misleading statements or deliberate omissions will render the applicant liable for disqualification.

Complete this form in its entirety and mail it to Pheasant Run Swim Club, ATTN Personnel, P.O. Box 2057, Cinnaminson, NJ 08077. You can also hand deliver it to the club manager at Pheasant Run Swim Club, 2912 New Albany Road, Cinnaminson, NJ during normal business hours.