

LIME SPRINGS SWIMMING POOL

P.O. Box 296

Lime Springs, IA 52155

JOB APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

PHONE #: _____

EMAIL: _____

POSITION APPLYING FOR: (check all that apply)

_____ LIFEGUARD

_____ MANAGER

_____ ASSISTANT MANAGER

QUALIFICATIONS: (check all that apply)

_____ Lifeguard Certificate

_____ WSI (Water Safety Instruction) ~ Date Expires _____

_____ CPR/AED for Lifeguards ~ Date Expires _____

_____ Lifeguarding/First Aid ~ Date Expires _____

If you do not have your WSI would you be interested in getting it?

_____ yes _____ no

Any other Qualifications not listed:

Have you been employed with us before? _____ yes _____ no

If so when: _____

Will you be able to work Days, Evenings and Weekends? _____ yes _____ no

If no please explain: _____

List 3 references if you have not been employed with us before:

Anything else you would like us to know about yourself?

