

Hillandale Swim and Tennis Association
Lifeguard Employment Application

Name: _____

Address: _____

Phone #: _____ Email: _____

Date of Birth: ____/____/____

Emergency contact name: _____

Emergency contact phone number: _____

Position applying for: _____

Lifeguard Certification

Issuing Organization: _____ Date received _____ Valid until _____

CPR Certification

Issuing Organization: _____ Date received _____ Valid until _____

First Aid

Issuing Organization: _____ Date received _____ Valid until _____

Pool Operator's License (if applicable)

Issuing Organization: _____ Date received _____ Valid until _____

What is your previous job history?

What hours/days are you available to work?

What known dates/times are you unavailable to work?
