



**Pool, Spa, & Beach Management**

Po Box 304, Sussex, NJ 07461

Phone/ Fax: (973)702-7585

Email: aquapro@embarqmail.com

**LIFEGUARD APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ S.S. No: \_\_\_\_\_

Requested Site(s): \_\_\_\_\_ Email: \_\_\_\_\_ Shirt: S M L XL XXL

CERTIFICATIONS	EXPIRATION DATE
<input type="checkbox"/> American Red Cross Lifeguarding*	_____
<input type="checkbox"/> American Red Cross CPR For The Professional Rescuer*	_____
<input type="checkbox"/> American Red Cross Waterfront Lifeguarding	_____
<input type="checkbox"/> American Red Cross Water Safety Instructor	_____
<input type="checkbox"/> American Red Cross Lifeguarding Instructor	_____
<input type="checkbox"/> Other	_____

\* These **valid** certifications are required

**WORK EXPERIENCE**

DATE(S)	POSITION	EMPLOYER	PHONE

REFERENCE (NON-FAMILY)	PHONE

**Please answer the following questions by circling your answer. Explain on the back if needed.**

1. Are you willing and able to work Memorial Day to Labor Day?	YES NO
2. Do you have any condition that would inhibit your performance as a lifeguard?	YES NO
3. Do you have transportation to and from work?	YES NO
4. Do you have a clean school disciplinary/police record?	YES NO

**Please read carefully before signing**

*I verify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_