POOL APPLICATION **DATE OF APPLICATION_____**
CITY OF CALMAR

NAME _____ SOCIAL SECURITY # _____-_____-_____
ADDRESS _____
PHONE # _____

Please circle the letter of the positions for which you feel you are qualified. If applying for more than one position, please indicate your order of job preference with "1" being your first choice, "2" being your second choice, and so on.

A. Manger B. Assistant Manager C. Head Guard D. Lifeguard

E. Cashier/Concession

All lifeguard applicants must have **Lifeguarding, active CPR for the Professional Rescuer and First Aid certifications** for all of the jobs listed above.

Information on Red Cross or equivalent training you have taken or will be taking prior to the middle of May:

Course	**Date of Completion**
Lifeguarding	_____- _____- _____
CPR for the Professional Rescuer	_____- _____- _____
First Aid	_____- _____- _____
Water Safety Instructor	_____- _____- _____
Certified Pool Operator Certificate	_____- _____- _____
Other	_____- _____- _____

Please Attach A Copy Of Certificates To This Application

Employment Experience: Start with your present or last job. Please be sure to list any aquatic related jobs.

Employer _____ Dates Employed _____
Address _____
Telephone Number(s) _____
Job Title _____Supervisor_____
Reason for Leaving
_____
Work Performed _____
_____

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Address _____
Telephone Number(s) _____
Job Title _____Supervisor_____
Reason for Leaving
_____
Work Performed _____
_____

Are there any conditions, such as vacations, sports, other job obligations, school, that would prevent you from fulfilling your commitment from the week before Memorial Day thru the third full week of August? If so, what?

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

_____ _____
Signature of applicant Date