



# RUTHVEN CITY POOL

## LIFEGUARD APPLICATION



Date: \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex:  Male  Female  
 Health - Describe any physical limitations: \_\_\_\_\_

Date Available to start: \_\_\_\_\_ Hours Available: \_\_\_\_\_  
 Days available  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

### RECORD OF EDUCATION:

	Name & Address of School	Years Attended	Date Graduated	Major
Elementary				
High School				
College				
Other				

### RECORD OF EMPLOYMENT

Former Employer	Start/End	Type of work		

Permission to consult previous employers?  yes  no  
 Do you hold a valid CPR certificate?  yes  no  
 Do you hold a valid W.S.I.?  yes  no  
 Do you hold a valid Lifeguarding Certificate?  yes  no

List any other experiences or training you have had in aquatics:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby certify that all of the foregoing statements are true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Also submit copies of certification for: CPR • FIRST AID • LIFEGUARDING • WSI***

*Office Use Only*  
 CPR Certification Date Issued: \_\_\_\_\_  
 FIRST AID Date Issued: \_\_\_\_\_  
 LIFEGUARDING Date Issued: \_\_\_\_\_  
 WSI Date Issued: \_\_\_\_\_  
 Date Hired: \_\_\_\_\_  
 Date Released: \_\_\_\_\_