

# Falling Oaks Swim Club

810 Guilford Blvd. Medina, OH 44256  
330-725-0100 [www.falingoaks.org](http://www.falingoaks.org)

## Employment Application for Lifeguard

**PLEASE PRINT LEGIBLY & FILL OUT FORM COMPLETELY**

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ SSN# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you a certified lifeguard?      YES       NO   
Are you a certified first aid responder?      YES       NO   
Are you certified in CPR?      YES       NO

**Certifications must be attached to this application**

### LIFEGUARD EXPERIENCE

NAME OF POOL/BEACH	LOCATION	YEAR	FT	PT

**If hired, will you need to terminate your employment before Labor Day? YES  NO**

**If yes, approximately when do you need to terminate your employment?**

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Do you intend to take any summer vacations (days off)? YES  NO

If yes, please list all dates:

Approximately how many hours a week are you looking to work?

Our work hours are M-F 8am-9pm and Sat and Sunday 11am-9pm. Are there times that you are unavailable during those slots?

Are you interested in teaching group or individual swim lessons?

### REFERENCES

	NAME	RELATIONSHIP	PHONE NUMBER
(1)			
(2)			
(3)			

This application is for part time seasonal work and I understand that the work will be on a temporary basis.

I understand that the wages will be determined by the Executive Board of the Falling Oaks Swim and Social Club.

I further acknowledge that all information presented herein is accurate to the best of my knowledge.

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