

**CITY OF SUTTON, NEBRASKA
LIFE GUARD APPLICATION**

NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

REQUIREMENTS:

1. Are you a certified lifeguard? _____ Expiration Date: _____
2. Have you completed and passed a C.P.R. course? _____ Expiration Date: _____
3. Are you at least 16 years old? YES _____ NO _____

INFORMATION:

1. Do you have a water safety instructor certificate? _____ Expiration Date: _____
2. Do you have a pool manager's license? _____ Expiration Date: _____
3. Have you completed and passed a first aid course? _____ Expiration Date: _____

What date will you be available to begin work? _____

Do you enjoy working with children? _____ Yes _____ No

Do you want full time or part time hours (check one)? _____ Full Time _____ Part Time

Do you have other activities such as playing ball or another job that will require you to either miss work or have the work schedule adjusted to allow you to do both? _____ Yes _____ No

If yes, please list days you are unable to work or activities that will require you to miss work:

Do you have any extended absences planned this summer such as vacations, camps, etc. that will require you to miss work? _____ Yes _____ No

If so, what dates? _____

PRIOR EMPLOYMENT: (include any pool and/or personnel management)

- | | | |
|----|--------------------|----------------|
| 1. | | |
| | Employer | Phone |
| | | |
| | Employer's Address | Dates Employed |
| | | |
| | Responsibilities | |
| 2. | | |
| | Employer | Phone |
| | | |
| | Employer's Address | Dates Employed |
| | | |
| | Responsibilities | |

Prior Employment Continued

3. _____
Employer _____ Phone _____

Employer's Address _____ Dates Employed _____

Responsibilities _____

REFERENCES: (do not include previous employers or relatives)

1. _____
Name _____ Phone _____

Address _____

2. _____
Name _____ Phone _____

Address _____

3. _____
Name _____ Phone _____

Address _____

POSITIONS OF RESPONSIBILITY: (school, work, community, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

The above is true and correct to the best of my knowledge.

Signature DATE: _____

Use an additional page if needed. Please return application to City Clerk, 107 W. Grove, P.O. Box 430, Sutton, NE 68979