

Name: Email:		
Address:		
Cell Phone#		
Social Security #	Birth Date:	
Current Age Aquatic Qualifica	itions:	
Lifeguard Certification CPR Certification	First Aid Certification	
****Attach to this form a copy of all certifications and working papers***		
If not currently certified, when will you be?		
Have you worked as a lifeguard before? If yes, lis	st where and for how long.	
List any other swim experience that you might have(competitive swimming, swim instructor, etc)		
List any formal employment in the past two years		
Please list times you will not be able to work this saware of (vacation, camps, school, sports, etc)		

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Reference Name	. Phone #
Reference Name	. Phone #
Signature	
Date	

*New applicants only, fill in below:

Please return completed application to:

Jamie Harris
2089 Haymaker Road
Monroeville, PA 15146

DUE DATE: APRIL 15, 2024