



*Silver Dolphins*



*Silver Dolphins Swim Club*

P.O. BOX 521  
SANTA CRUZ, CA 95061-0521

## LIFEGUARD APPLICATION

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If you are under age 18, do you have an employment/age certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work every Monday, Wednesday and Friday from 9am to noon? Yes \_\_\_\_\_ No \_\_\_\_\_ What date are you available to start work? \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

### CERTIFICATION: (Photocopies of the current and renewed American Red Cross certificates MUST be provided)

Do you have Certification for Lifeguard and Community First Aid? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have Certification for CPR for the Professional Rescuer? Yes \_\_\_\_\_ No \_\_\_\_\_

How many hours of Lifeguard experience do you have? \_\_\_\_\_

### EDUCATION

Name & Address of School \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Name & Address of School \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

### EMPLOYMENT HISTORY

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Salary \_\_\_\_\_ Responsibilities \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Salary \_\_\_\_\_ Responsibilities \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Salary \_\_\_\_\_ Responsibilities \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Salary \_\_\_\_\_ Responsibilities \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Salary \_\_\_\_\_ Responsibilities \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

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## PROFESSIONAL REFERENCES

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job/Position \_\_\_\_\_ Years Known \_\_\_\_\_

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Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job/Position \_\_\_\_\_ Years Known \_\_\_\_\_

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Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job/Position \_\_\_\_\_ Years Known \_\_\_\_\_

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## PLEASE READ CAREFULLY!

- ☐ I understand this position is as a self-employed Independent Contractor and as such I will be responsible for my own taxes required by State and Federal laws and I am not covered by Workers' Compensation Insurance.
- ☐ I understand that I am responsible for providing and compensating a qualified substitute in case of my absence.

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize verification of any or all information contained in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_