 **Lifeguard/Pool Staff Job Application A**

**Applicant Information…………………………………………………………………………..**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Street Address Apartment/Unit #*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City State Zip Code*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Proof of age (birth certificate, passport, licenses need to be provided). Please note that all applicants under the age of 18 will be required to submit working papers. Working papers are available at the local high school.*

***SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D. # (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Do you have a valid VA Drivers’ License? Yes No***

***Do you have dependable transportation? Yes No***

***Do you have any dates you are unavailable this summer? If yes, please list any.***

**EDUCATION.……………………………………………………………………………………\**

**Grade in August 2024:**

**High School: 9th  10th 11th 12th**

**College: Freshman Sophomore Junior Senior**

**High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_**

**College (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_**

**Graduate Study (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_**

**Lifeguard/Supervisor Experience (please be specific as to location, type of experience, and years):**

**Other Certifications/Awards/Hobbies (Interests):**

**References, please include name, phone number, email, and your relationship. Please list three references (no family):**

**LIFEGUARD INFORMATION (if applicable)………………………………………………….**

**Do you have a Red Cross Lifeguard Certificate? YES NO (If yes) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of C.P.R. Certification Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Waterfront Lifeguard Training Certificate Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of First Aid Certificate Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swim Instruction (if applicable) ………………………………………………………………….**

**Are you certified/trained to provide swim instruction? YES NO**

 **If “YES” please indicated certification:**

**Uniform Information…...……………………………………………….…………………………**

**What is your t-shirt size (unisex): XX-Small X-Small Small Medium Large X-Large XX-Large**

**Please take a moment to share with us the following: …...……………………………………**

***Why do you want to work with CRCG this summer?***

***What qualities do you have that you feel will be an asset to the CRCG Pool?***

***Any additional comments:***

**CERTIFICATION**—READ CAREFULLY BEFORE SIGNING

* I certify that all the information contained in this application is true and accurate. I understand and agree that false statement or misrepresentation in my application will be grounds for rejection to employ or termination, regardless of time of discovery, if employed.
* I understand that as an employee, I am to follow the request of any headguard or manager as long as it is related to the job and the pool.
* I understand, following interview(s), that CRCG will verify my work history and all the information provided in my application as well as the oral interview(s).
* Although management makes every effort to accommodate individual preferences, business needs may at time make the following conditions mandatory: overtime, shift work, and more if needed. I understand and accept these conditions as my continuing employment.
* I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will nature”, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any writing document or by conduct unless such change is specifically acknowledging in writing by authorized executive of CRCG. I hereby disclaim the existence of any contract of employment, either expressed or implied.

**AUTHORIZATION**

I authorize the use of any information in this application to enable CRCG to determine job eligibility. I release all employers, school authorities, and persons listed as references who furnish information regarding my work performance and habits and other qualities pertinent to my qualification for employment, from any and all liability for damages arising from the use of such information.

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

**Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| FOR PERSONNEL DEPARTMENT USE ONLY |
| Arrange Interview: Yes  | No  | Date: |  |
| Interviewer: |
| Remarks: |
|  |
|  |
| Employed:  | Yes  | No  | Effective Date: |  |
| Rate:  | Job Title:  | Department: |  |
| Authorized by: |  |

**RETURN COMPLETED FORM TO:**

Castle Rock Community Group

Attn: Merryn Isbell

5950 Brahma Rd.

Roanoke, Va. 24018

Mimirosei.123@gmail.com