

Lake Country Swim Team  
PO Box 181, Hartland WI 53029  
(262) 367-7657

## Lifeguard/Pool Staff Job Application

**PLEASE PRINT**

Application Date: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

**LIFEGUARD INFORMATION - PLEASE ATTACH PHOTOCOPIES OF YOUR CURRENT CERTIFICATIONS  
(even if you have worked for us before).**

C.P.R. Certificate (date received): \_\_\_\_\_ copy attached: \_\_\_\_\_

Lifeguard Training Certificate (date received): \_\_\_\_\_ copy attached: \_\_\_\_\_

First Aid Certificate (date received): \_\_\_\_\_ copy attached: \_\_\_\_\_

Proof of Age (birth certificate, passport, license) \_\_\_\_\_ copy attached: \_\_\_\_\_

PLEASE NOTE: All applicants under the age of 18 will be required to submit work permit. Working permits are available at the local high school.

**SWIM INSTRUCTION**

Are you certified/trained to provide swim instruction?                      Yes                      No

If "yes", please indicate certification: \_\_\_\_\_ copy attached: \_\_\_\_\_

Do you want to be considered for a position as a swim instructor? Yes No

**UNIFORM INFORMATION**

Men's Swimsuit Size (circle one):      Small      Medium      Large      X-Large      XX-Large

Women's Swimsuit Size (circle one):      Small      Medium      Large      X-Large

T-Shirt Size (circle one):      Small      Medium      Large      X-Large      XX-Large

**AVAILABILITY**

Days of week and times you are available to work this school year:

Sunday: \_\_\_\_\_ to \_\_\_\_\_, Monday: \_\_\_\_\_ to \_\_\_\_\_, Tuesday: \_\_\_\_\_ to \_\_\_\_\_,  
Wednesday: \_\_\_\_\_ to \_\_\_\_\_, Thursday: \_\_\_\_\_ to \_\_\_\_\_ Friday: \_\_\_\_\_ to \_\_\_\_\_,  
Saturday: \_\_\_\_\_ to \_\_\_\_\_,

Any dates you are NOT available to work this school year:

\_\_\_\_\_

**EDUCATION**

**Grade in September:** 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/ Instructor Experience (please be specific as to location, type of experience and years):**

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

**References, please include name, phone number and your relationship. Please list 3. (No family references, please.)**

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

**Any additional comments:**

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

**RETURN COMPLETED FORM TO:  
Lake Country Swim Team  
PO Box 181, Hartland WI 53029**