



Aquatics Division

Supplemental Employment Information

Name _____

Experience/Training

Have you worked at a pool? ☐ Yes ☐ No

If yes, in what capacity?

Guard _____

Years Experience _____

Manager _____

Years Experience _____

Lesson Instructor _____

Years Experience _____

Training

Red Cross Life Guarding Course _____

Expiration Date _____

First Aid Course _____

Expiration Date _____

CPR _____

Expiration Date _____

WSI _____

Expiration Date _____

CPO _____

Expiration Date _____

Preference

BSC Aquatic & Wellness Center _____

Hillside Pool _____

Elks Aquatic Center _____

Wachter Aquatic Complex _____

Lifeguard Swimsuit Size _____

Lifeguard T-shirt Size _____

****Please make a copy of all certification cards, both front and back sides.****