



Aquatics 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

Please make a copy of all certifications and attach to this form.

Red Cross Lifeguarding/First aid/CPR/AED _____ Expiration Date _____

Water Safety Instructor _____ Expiration Date _____

Preference

BSC Aquatic & Wellness Center _____ Hillside Pool _____

Elks Aquatic Center _____ Wachter Aquatic Complex _____

Lifeguard Swimsuit Size _____

Lifeguard T-shirt Size _____