

SHAWANO SCHOOL DISTRICT

Lifeguard Application

Date: _____

Name _____ Phone _____

Permanent Address _____

City _____ State _____ Zip _____ Sex: Male Female

Health Describe any physical limitations:

Date Available to start: _____ Hours Available: _____

Days available Mon Tues Wed Thurs Fri Sat Sun

RECORD OF EDUCATION:

	Name & Address of School	Years Attended	Date Graduated	Major
Elementary				
High School				
College				
Other				

RECORD OF EMPLOYMENT

Former Employer	Start/End	Type of work		

Permission to consult previous employers? yes no

Do you hold a valid CPR certificate? yes no

Do you hold a valid W.S.I.? yes no

Do you hold a valid Lifeguarding Certificate? yes no

List any other experiences or training you have had in aquatics:

1. _____
2. _____
3. _____

