

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. _____

