

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. _____

References:

Name	Address	Phone	Occupation

A background check will be conducted prior to hire.

I hereby certify that all of the foregoing statements are true and correct.

Signed: _____ Date: _____

Return application to:
Shawano Community High School
Attention: Toni Dinse, Pool Manager
220 County Road B
Shawano, WI 54166
Phone: 715-526.2175 ext 1307

Also submit copies of certification for: CPR
FIRST AID
LIFEGUARDING
WSI

Office Use Only

CPR Certification Date Issued: _____

FIRST AID Date Issued: _____

LIFEGUARDING Date Issued: _____

WSI Date Issued: _____

Date Hired: _____

Date Released: _____