SHAWANO SCHOOL DISTRICT
Lifeguard Application

Date: __________________________
Name ___________________________ Phone ___________________________
Permanent Address _______________________________________________________
City ___________________________ State _________ Zip ________________ Sex: o Male o Female
Health Describe any physical limitations:

Date Available to start: _______________ Hours Available: _______________________
Days available o Mon o Tues o Wed o Thurs o Fri o Sat o Sun

RECORD OF EDUCATION:

<table>
<thead>
<tr>
<th>Elementary</th>
<th>High School</th>
<th>College</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Address of School</td>
<td>Years Attended</td>
<td>Date Graduated</td>
<td>Major</td>
</tr>
<tr>
<td>______________________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

RECORD OF EMPLOYMENT

<table>
<thead>
<tr>
<th>Former Employer</th>
<th>Start/End</th>
<th>Type of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

Permission to consult previous employers? o yes o no
Do you hold a valid CPR certificate? o yes o no
Do you hold a valid W.S.I.? o yes o no
Do you hold a valid Lifeguarding Certificate? o yes o no

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

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
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: _______________________

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