

Rock Rapids Swimming Pool Application

Date _____

Name _____

Phone _____

Address _____

Cell _____

City _____

Birth Date _____

State _____ Zip _____

Position Desired:

Manager _____

Assistant Manager _____

Lifeguard _____

On Call Lifeguard _____

Water Safety Instructor _____

Lifeguard Instructor _____

Valid Certificates

Lifeguard Training _____

CPR-AED Certificate _____

WSI Certificate _____

Lifeguard Instructor _____

If not, will you be able to acquire valid certifications by opening of pool? _____

Date you can start _____ Last day you can work _____

Present occupation _____

Have you been employed at the pool previously? _____

How many seasons? _____

Whom to notify in an emergency:

Name & Phone: _____

Name & Phone: _____

Applicant Signature _____ **Date** _____

Please complete the back side for scheduling purposes.

