

FMC SPORTSMANS CLUB LIFEGUARD APPLICATION FOR EMPLOYMENT - EMPLOYMENT APPLICATION 2024

APPLICANT INFORMATION				
Last Name	First	Mi.		Date
Street Address			Apartment/Unit #	
City	State		ZIP	
Phone/ Cell	E-mail Address			
Date Available			Departure Date	
Date of Planned Vacation			Desired Hours	
Birth Date				
Position Applied for				
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> Employer				
Have you ever worked for this Club? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				
CERTIFICATIONS				
	Date Received	Expiration Date	Comments	
Red Cross or YMCA Lifeguard				
First Aid				
CPR				
AED				
Driver's License				
EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
REFERENCES				
<i>Please list two professional references.</i>				
Full Name			Relationship	
Address			Phone ()	
Full Name			Relationship	
Address			Phone ()	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMERGENCY CONTACT INFORMATION			
Name		Relationship	Ph #
Name		Relationship	Ph #
Name		Relationship	Ph #
Additional Information:			

PERSONAL INFORMATION – USE SPACE BELOW TO TELL US ABOUT YOURSELF

How did you learn about our Club?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date