

FMC SPORTSMANS CLUB LIFEGUARD APPLICATION FOR EMPLOYMENT - EMPLOYMENT APPLICATION 2026

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 _____