

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"/>
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 NO

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 NO **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 NO

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 NO **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