Dysart Family Aquatic Center
Lifeguard Application

Name: _____ _____ _____
First M.I. Last

Address: _____

_____

Are you over the age of 16? _____

Phone: _____ Email: _____

Certifications

Red Cross Lifeguard _____ CPR _____ First Aid _____ Other _____

Hours available to work this summer (weekly average): _____

Requested Time Off: _____

_____

_____
(please include all known sports, sport camps, church camps and family vacations)

References (must include two):

Name: _____ Phone: _____

Name: _____ Phone: _____

All employees will be expected to work your scheduled shifts. If you cannot work your scheduled shift, you must find a replacement for your entire shift. Exceptions only for family emergencies or injury.

I certify that the information I have submitted is both true and correct and I acknowledge that any statements made by me which are found to be deliberately misleading may result in my dismissal if employed by the City of Dysart.

Signature of Applicant: _____ Date: ____/____/____