

QLCA, Inc. Lifeguard/Pool Staff Seasonal Job Application

PLEASE PRINT CLEARLY

Name: _____ Application Date: _____

Address: _____

Applicant's Phone Number: _____ Applicant's Email _____

Date of Birth: _____ Current Age: _____

Employment Status Desired: Full Time (35+ hours per week) Part Time (less than 35 hours) Sub (not scheduled/on call only)

LIFEGUARD INFORMATION *NOTE: copies of certificates is required for "application" to be considered complete and an offer employment to be extended*

Lifeguard Training Certificate (date received) _____ copy attached currently taking class

C.P.R. Certificate (date received): _____ copy attached currently taking class

First Aid Certificate (date received): _____ copy attached currently taking class

Do you want to be considered as a "Head Guard"? Yes No

SWIM INSTRUCTION

NOTE: All swim instruction (group or private lessons) offered at the Queens Lake pools will be managed through the association

Do you want to be considered for a position as a swim "Instructor" or "Paid Swim Aide"? Yes No

Are you certified/trained to provide swim instruction? Yes No

If "yes", please indicate certification: _____ copy attached

Other Relevant Certification(s): _____

SUMMER WORK AVAILABILITY

NOTE: This section must be completed - pools are open Memorial Day Saturday thru Labor Day Monday

Dates you are available to work this summer: **STARTING:** ____/____/____ **TO:** ____/____/____

Any dates (vacation, college orientation or other) you are **NOT** available to work this summer: Yes (indicate dates below) No

FROM: ____/____/____ TO: ____/____/____ FROM: ____/____/____ TO: ____/____/____

EDUCATION / WORK EXPERIENCE

Current Grade: 9th 10th 11th 12th **College:** Freshman Sophomore Junior Senior Other

High School: _____ Graduation Year: _____

College (if applicable): _____ Graduation Year: _____

Graduate Study (if applicable) : _____ Graduation Year: _____

List below your Lifeguard / Supervisor Experience: (please be specific as to location, type of experience and years even if with QLCA)

Please list three (3) personal or work related references. Include name, phone number and relationship: (No family references)

1. _____

2. _____

3. _____

Applicant's Signature: _____

Parent/Guardian's Signature _____

NOTE: Parent signature REQUIRED if applicant is under 18 yrs / Work Permit will be REQUIRED for hires under 16 yrs

(For QLCA USE ONLY)

Prior QLCA employee? Yes No Year first hired by QLCA? _____

Hired: Yes No Date: _____ Signature of pool Chair _____

Hourly Pay Rate of \$ _____ or Salary Pay \$ _____ How Salary Paid? monthly every 2 weeks

VA-4 Withholding Form Completed/Attached W-4 Completed/Attached

I-9-Employment Eligibility Verification VA Work Permit (required if under age 16)