

REFERENCES:

NAME AND TITLE	ADDRESS	TEL. NO.
2. _____ _____	_____	_____
3. _____ _____	_____	_____

EMPLOYMENT:

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO
_____ FULL TIME _____ PART TIME

LIST YOUR LAST THREE EMPLOYERS STARTING WITH YOUR CURRENT/MOST RECENT POSITION:

	ADDRESS	FROM MO/YR	TO MO/YR
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CHECK CURRENT CERTIFICATIONS HELD:

AMER. RED CROSS STANDARD FIRST AID _____ DATE ISSUED _____ DATE EXPIRES _____
AMER. RED CROSS LIFEGUARDING COURSE _____ DATE ISSUED _____ DATE EXPIRES _____
CPR (BLS) _____ DATE ISSUED _____ DATE EXPIRES _____
WATER SAFETY INSTRUCTION _____ DATE ISSUED _____ DATE EXPIRES _____
HAVE YOU A DRIVERS LICENSE? _____
HAVE YOU WORKING PAPERS? _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC CONVICTION? _____
(IF YES, SPECIFY) _____
DO YOU OBJECT TO AN INVESTIGATION OF YOUR BACKGROUND? _____

HEALTH:

HAVE YOU ANY PHYSICAL DISABILITIES, ALLERGIES, ETC? _____

PERSONAL ACHIEVEMENTS OR AWARDS _____

EARLIEST DATE AVAILABLE TO WORK? MAY _____ OR JUNE _____
CAN YOU WORK THROUGH LABOR DAY? _____ IF NO, UNTIL WHEN? _____

TELL WHY YOU WANT THIS JOB AND WHY YOU CONSIDER YOURSELF QUALIFIED:

