

# VILLAGE OF BEAVER CROSSING LIFE GUARD APPLICATION

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

## REQUIREMENTS:

1. Are you a certified lifeguard? \_\_\_\_\_ Expiration Date: \_\_\_\_\_
2. Have you completed and passed a C.P.R. course? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## INFORMATION:

1. Do you have a water safety instructor certificate? \_\_\_\_\_ Expiration Date: \_\_\_\_\_
2. Do you have a pool manager's license? \_\_\_\_\_ Expiration Date: \_\_\_\_\_
3. Have you completed and passed a first aid course? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What date will you be available to begin work? \_\_\_\_\_

Do you enjoy working with children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want full time or part time hours (check one)? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Do you have other activities such as playing ball or another job that will require you to either miss work or have the work schedule adjusted to allow you to do both? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list days you are unable to work or activities that will require you to miss work:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any extended absences planned this summer such as vacations, camps, etc. that will require you to miss work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what dates? \_\_\_\_\_

## PRIOR EMPLOYMENT: (include any pool and/or personnel management)

1. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Responsibilities \_\_\_\_\_
2. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Responsibilities \_\_\_\_\_

## Prior Employment Continued

3. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Responsibilities \_\_\_\_\_

### REFERENCES: (do not include previous employers or relatives)

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

### POSITIONS OF RESPONSIBILITY: (school, work, community, etc.)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

The above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature DATE: \_\_\_\_\_

Use an additional page if needed.

Please return application to Village Clerk by \_\_\_\_\_

Drop off at Village Office: 800 Dimery Ave.

Email: [villageofbc@windstream.net](mailto:villageofbc@windstream.net)

Mail to: PO Box 116, Beaver Crossing, NE 68313