

Fayette Aquatic Center Employment Application

Today's Date _____ Name _____
 Date of Birth _____ Current Age _____
 Address _____
 City _____ State _____ Zip _____

Contact Phone _____ Position for which you are applying:
 Lifeguard
 Concessions
 Admissions

Lifeguard Certified: YES NO If YES, Date Expires _____
 CPR Certified: YES NO If YES, Date Expires _____

**THIS POSITION OCCUPIES THE MONTHS OF
MAY, JUNE, JULY, AUGUST & SEPTMEBER**

**LIST ANY ACTIVITIES YOU ARE INVOLVED IN DURING THESE MONTHS
THAT MAY INTERFERE WITH THE SCHEDULING OF WORK HOURS**

WORK EXPERIENCE:

Name of Employer	Dates of Employment	Position	Reason for Leaving

REFERENCES: (MUST NOT BE RELATED)

Name	Contact Number	How are you acquainted?

I, CERTIFY THAT THE FACTS CONTAINED ON THIS APPLICATION ARE TRUE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS SHALL BE GROUNDS OF DISMISSAL. I AUTHORIZE INVESTIGATION OF ANY WORK EXPERIENCE AND REFERENCES THAT I INCLUDED ON THIS APPLICATION.

Signature _____ Date _____