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 _____

Print Form