

**FAYETTE AQUATIC CENTER
EMPLOYMENT APPLICATION**

DATE: _____ NAME: _____

DATE OF BIRTH: _____ CURRENT AGE: _____

ADDRESS: _____

CONTACT #: _____ POSITION: _____
(LIFEGUARD, CONCESSIONS, ADMISSIONS)

LIFEGUARD CERTIFIED: ___ YES ___ NO EXP. DATE: _____

CPR CERTIFIED: ___ YES ___ NO EXP. DATE: _____

**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 #	HOW ARE YOU AQUAINTED?

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 _____