

**FAYETTE AQUATIC CENTER  
EMPLOYMENT APPLICATION**

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DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, ST, ZIP \_\_\_\_\_

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 #	RELATIONSHIP?

**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 \_\_\_\_\_