

**LIFEGUARD APPLICATION
CITY OF KELLOGG
PUBLIC WORKS - RECREATION
KELLOGG, IDAHO**

NAME: _____ PHONE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

Name of Parents (If Under 21): _____

Address if not the same as applicant: _____

What year in high school or college have you completed? _____

If you are not a student, what is your present occupation? _____

Is your physical condition? Excellent _____ Good _____ Poor _____ (check one.)

When did you have your last physical examination? _____

Have you ever had experience as a lifeguard? Yes / No (circle one)

If Yes, Where and When? _____

Have you ever given instructions in swimming? Yes / No (circle one)

If Yes, Where and When? _____

List Swimming and Life-Saving Certificates Held: _____

Have you had first-aid? Yes / No (circle one) Expires: _____

Have you had CPR? Yes / No (circle one) Expires: _____

****Please have all certificates (first-aid and CPR cards) available to copy
when this application is turned in.****

DATES AVAILABLE FOR WORK: From: _____ To: _____

REFERENCES:

(Provided names of two persons, other than family, whom the City can contact for an employment reference.)

(Name) (Phone Number)

(Name) (Phone Number)

APPLICANT SIGNATURE: _____ DATE: _____