

2026 APPLICATIONS  
DUE 4/15/26

**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: \_\_\_\_\_

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: \_\_\_\_\_

*Return applications to Kellogg City Hall, 1007 McKinley Ave, Kellogg  
or email to [mike.fitzgerald@kellogg.id.gov](mailto:mike.fitzgerald@kellogg.id.gov)*