

MONTFORT COMMUNITY POOL
LIFEGUARD APPLICATION
102 E Park St; Montfort, WI 53569
608-943-6917

PLEASE PRINT NEATLY

Last Name: _____ First: _____ Date: _____

Address: _____

Home Phone Number: _____ Cell Phone Number _____

Date of Birth: _____ Current Age: _____ Receive Texts: YES NO

LIFEGUARD INFORMATION - PLEASE ATTACH PHOTOCOPIES OF YOUR CURRENT CERTIFICATIONS. (Even if you have worked for us before).

C.P.R. Certificate (date received): _____ copy attached: YES NO

Lifeguard Training Certificate (date received): _____ copy attached: YES NO

First Aid Certificate (date received): _____ copy attached: YES NO

Are you legally eligible for employment in the United States? _____: YES NO

(Will need to provide 2 forms of ID for example social security card, driver license or birth certificate. You may also use a passport as your ID)

PLEASE NOTE: All applicants under the age of 16 will be required to submit a work permit. Work permits are available at the local high school.

SWIM INSTRUCTION

All swim instruction (group and private lessons) offered at the Montfort Community pool will be scheduled through the pool management.

Are you certified/trained to provide swim instruction? YES NO

If "yes", please indicate certification: _____ copy attached: YES NO

Do you want to be considered for a position as a swim instructor? YES NO

UNIFORM INFORMATION

Men's Swimsuit Size (circle one): Small Medium Large X-Large XX-Large

Women's Swimsuit Size (circle one): Small Medium Large X-Large XX-Large

T-Shirt Size (circle one): Small Medium Large X-Large XX-Large

SUMMER AVAILABILITY

Dates you are available to work this summer: FROM: ___/___/___ TO: ___/___/___

VACATIONS, SPORTS LEAGUES, CAMPS, PRACTICES, SPECIAL EVENTS ETC FROM JUNE 1ST TO AUGUST 15TH you are NOT available to work this summer:

Lifeguard/ Supervisor Experience (please be specific as to location, type of experience and years):

References: include name, phone number and your relationship. Please list 3. (No family, please.)

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

PLEASE READ THE PARAGRAPHS BELOW BEFORE SIGNING:

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal. I understand that employment with the Village of Montfort is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I authorize a release of any records pertaining to my education, employment, and/or personal references to the Village of Montfort. I voluntarily agree to cooperate in such investigation and release from all liability of responsibility all persons, companies, or corporations supplying or acting upon such information.

I understand that the Village of Montfort is committed to maintain a drug-free workplace. The Village of Montfort may require a drug test as a part of the hiring process. The Village of Montfort may conduct post-accident, reasonable suspicion, periodic and/or random drug or alcohol testing to its employees.

Signature of applicant _____ Date _____

RETURN COMPLETED FORM TO:

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