

Laurel Run Swimming Association 2020 Lifeguard Application

Applicant Information

Name:

Phone:

Email:

Address:

City:

State:

Zip Code:

Age:

School:

Are you a member of the Laurel Run Swim Team?

Yes

No

Certification Information

Do you have a valid Life Guard Certification?

Yes

No

If No, Please list which course you will be taking and the expected completion date:

Work History

Returning Laurel Run Life Guard?

Yes

No

If yes, how many years of lifeguard experience?

List your previous 2 employers, other than Laurel Run (if applicable).

Employer:

Position:

Dates:

Employer:

Position:

Dates:

Emergency Contact Information

In the event of an emergency, please list a parent, guardian or emergency contact that we can reach:

Name:

Relationship:

Number:

Signature

I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place my potential employment in jeopardy.

Signed:

Date:

Completed application must be postmarked/received by February 22th for the 2020 Season.

Mail to (must be postmarked by February 22nd):

Laurel Run Swimming Association
PO Box 13633
Reading, PA 19612

Email to (must be received by February 22nd):

laurelrunpool@gmail.com