## CITY OF FRIEND, NEBRASKA LIFEGUARD APPLICATION

NAME:	PHONE NUMBER:
MAILING ADDRESS:	
REQUIREME	ENTS:
Are you a certified lifeguard?	
2. Have you completed and passed a C.P.R. course?	
INFORMAT	ION:
Do you have a water safety instructor certificate?	Expiration Date:
2. Do you have a pool manager's license?	
3. Have you completed and passed a first aid course?	
What date will you be available to begin work?	
Do you enjoy working with children? Yes	
Do you want full time or part time hours (check one)?	
Do you have any extended absences planned this summer	such as vacations, camps, etc. that will requir
you to miss work? Yes No	
If so, what dates?	
PRIOR EMPLOYMENT: (include any  1  Employer	pool and/or personnel management)  Phone
Employer's Address	Dates Employed
Responsibilities	
2	
Employer	Phone
Employer's Address	Dates Employed
Responsibilities	

## Prior Employment Continued

•	Employer	
	Employer	Phone
3	Employer's Address	Dates Employed
	Responsibilities	
	REFERENCES: (do not include previous em	ployers or relatives)
	Name	Phone
	Address	
	Name	Phone
	Address	
-		
	Name	Phone
	Address	
	POSITIONS OF RESPONSIBILITY: (school	ol, work, community, etc.)
	ve is true and correct to the best of my knowledge.	
	DATE:	

Use an additional page if needed. Please return application to City Clerk, 235 Maple St, Friend, Ne 68359