

Blossomwood Swim Association
Lifeguard Application

Please complete the following form along with the Summer Employment Application.

Mail to: Blossomwood Swim Association

P.O. Box 881

Huntsville, AL 35804

Name _____ Date of Birth ____ / ____ /19 _____

Address _____
Street City State Zip

Telephone# Home _____ Cell _____

Social Security # ____ - ____ - ____ E-Mail Address _____

Position requested _____

What type of lifeguard certification do you have? _____

Location _____ Date Received ____ / ____ / _____

What type C.P.R. Certification do you have? _____

Location _____ Date Received ____ / ____ / _____

How many years have you been a lifeguard? _____

Have you worked at Blossomwood as a lifeguard (time worked) _____

Do you have any other certifications or skills that would aid you in fulfilling your duties
as a Blossomwood lifeguard? _____

Dates and Hours available _____

Dates and Hours Not Available (Family Vacation, camp, etc.) _____

I HEREBY STATE THAT ALL INFORMATION IS TRUE TO THE BEST OF MY
KNOWLEDGE.

SIGNATURE _____ DATE _____

Blossomwood Swim Association is an equal opportunity employer.