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.