

Village of Genoa
Application for Employment

Lifeguard Position:

Name: _____

Address: _____

Phone: _____

Birth date: _____ Age: _____

Do you have a valid Driver's license? Yes ___ No ___

If no, when do you see getting one? _____

How many hours are you looking to work weekly? _____ Are you available to work on weekends? Yes ___ No ___

Do you currently have any of the following:

1. Lifeguard Certification: Yes ___ No ___
2. First Aid certification: Yes ___ No ___
3. CPR Yes ___ No ___
4. WSI Yes ___ No ___
5. Waterfront Yes ___ No ___

Previous Work Experience:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

References:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Signature: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER