

Leisure Time, Inc.

APPLICATION FOR LIFEGUARD AND/OR SWIM INSTRUCTOR

(please print)

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____

ARE YOU AT LEAST 18 YEARS OF AGE? _____

IF NOT, PROVIDE DATE OF BIRTH: _____

PREVIOUS EMPLOYMENT EXPERIENCE:

LIST YOUR LIFEGUARDING AND SAFETY CERTIFICATIONS:

ARE ALL CERTIFICATIONS VALID & UNEXPIRED THROUGH THIS YEAR? _____

DO YOU HAVE ANY EXPERIENCE TEACHING SWIM LESSONS? IF YES, PLEASE LIST:

HAVE YOU EVER PARTICIPATED IN COMPETITIVE SWIMMING? _____

AVAILABLE TO BEGIN WORK AT LEISURE TIME ON (DATE): _____

CAN YOU WORK THROUGH LABOR DAY? _____

IF NOT, WHAT DATE ARE YOU AVAILABLE UNTIL? _____

ARE YOU AVAILABLE TO WORK ALL SHIFTS? _____

DO YOU HAVE TRANSPORTATION AVAILABLE AT ALL TIMES? _____

**Please return completed application by mail or in person to:
Leisure Time, Inc ♦ 4561 Darrow Rd. ♦ Stow, Ohio 44224**

Leisure Time, Inc.

ARE YOU AVAILABLE TO WORK THE ENTIRE SUMMER WITHOUT A VACATION? _____

IF NOT, WHAT DATES WOULD YOU BE GONE? _____

WHAT SPORTS/ACTIVITIES/LESSONS ARE YOU INVOLVED WITH DURING THE SUMMER?

ARE YOU REQUIRED TO ATTEND ANY CAMPS, TRY-OUTS, TOURNAMENTS, TRAINING, OR PRACTICE SESSIONS? IF SO, PROVIDE DATES AND TIMES:

IF YOU ARE A STUDENT, PLEASE COMPLETE THE FOLLOWING:

WHAT SCHOOL DO YOU ATTEND? _____

WHAT IS YOUR LAST DAY OF SCHOOL? _____

CAN YOU WORK PART-TIME WHILE SCHOOL IS IN SESSION? _____

IF YES: EVENINGS? WEEKENDS? BOTH?

IF YOU ARE GRADUATING, PROVIDE DATE OF GRADUATION: _____

ARE YOU PLANNING TO ENROLL IN SUMMER SCHOOL? _____

IF YES, PROVIDE DATES & TIMES OF CLASSES: _____

WHAT SCHOOL WILL YOU ATTEND IN THE FALL? _____

WHAT DATE DO CLASSES BEGIN? _____

PLEASE USE THE SPACE BELOW FOR COMMENTS OR ANY ADDITIONAL INFORMATION YOU FEEL MAY BE OF IMPORTANCE IN CONSIDERING YOU FOR EMPLOYMENT (CONTINUE ON BACK IF NECESSARY OR ATTACH AN ADDITIONAL PAGE)

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

SIGNATURE: _____ DATE: _____

**Please return completed application by mail or in person to:
Leisure Time, Inc ♦ 4561 Darrow Rd. ♦ Stow, Ohio 44224**