

The Salem Country Club
APPLICATION FOR LIFEGUARD

Name: _____

Last First MI Nickname

Date of Birth: ___/___/___ Phone: (home) _____ (cell) _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Parents/Guardians Names: _____

School attending and Location _____ Current Grade _____

Days/Times Available

Mon. Tues. Wed. Thur. Fri. Sat. Sun

Work Experience (List LAST position FIRST)

Position	Dates Worked	Duties	Supervisor
1 _____			
2 _____			
3 _____			

When are you available to work? Start: ___/___/___ End: ___/___/___

What Position are you applying for?

___ Full Time (approximately 30-36 hrs/wk) ___ Part Time ___ Substitute

If full/part time work is not available, would you work part time? ___ Yes ___ No

If you will be going on vacation or attending a sports camp, please note the dates. Employment committee required from Memorial day weekend through Labor Day weekend.

_____ Date: ___/___/___
Applicants Signature

**Current Lifeguard Certification and CPR required, please enclose a copy.
These documents will be needed and REQUIRED before you can work.**

Please return your completed application to:

The Salem Country Club
C/O Brenda Blain
791 Prospect Street
Salem Ohio 44460
email: lifeguards@salemcountryclub.net