



Lifeguard Interview Packet

This package includes the following:

- Lifeguard Job Application
- Policies and Procedures Acknowledgements

In addition to filling out this information and bringing it with you on your interview you must also bring with you:

- I-9 Form
- State Tax Form
- Documents for your employer to complete the I-9 form (most common used are: passport or Driver's License and Social Security Card)
- Work Permit if applicable
- Lifeguard/1st Aid Certification and CPR/AED Certification if currently certified

Interview Tips

Along with preparing information for the interview, you need to prepare yourself, too. Making a good first impression is very important. It starts with setting up an interview and filling out the application yourself, instead of having a friend or relative do it. To give an employer the best impression, follow some general guidelines:

- Be on time for the interview
- Dress neatly, even when dropping off an application (shorts and sandals may come with the job, but while you're still an applicant, a sharper look is better)
- Be courteous and polite
- Maintain eye contact
- Avoid distracting habits (such as chewing gum, playing with hair or fidgeting)
- Smile, listen and be honest
- Ask questions - this is one of the best ways to show you're really interested in the job. Questions may include topics such as duties, hours, benefits and pay



APPLICATION FOR EMPLOYMENT



<input type="checkbox"/> New Employee <input type="checkbox"/> Returning Employee	You are not required to furnish any information, which is prohibited by federal, state, or local law.
---	---

FIRST NAME:	LAST NAME:	MIDDLE INITIAL:	SOCIAL SECURITY NO.
- -	- -		
Home Address:		Other Address (College/Summer, if applicable):	
City:	State:	Zip:	City: State: Zip:
Telephone:		Telephone:	
Cell:		Date of Birth:	
Email:		If you are less than 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

JOB PREFERENCES

What is your preferred position? <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Other: _____	Desired Pay:
Pool or desired area you would like to work:	

CERTIFICATIONS

All my certifications are good through Labor Day One or more of my certifications expire before Labor Day
 My certifications have already expired I have never been certified

HOW DID YOU LEARN ABOUT US? (Please check one)

Friend (First & Last Name: _____) Job Fair/Career Center Flyer/Mailer/Poster Online Search
 Facebook Indeed.com Other (_____) I am a returning employee

PREVIOUS EXPERIENCE (If you are a returning employee, **SKIP** to the Availability section.)

Company:		Kind of Business:			
Address:	City:	State:	Zip:	Phone:	
Position:	Pay rate:		Employed from:	To:	
Name of Supervisor:			Reason for Leaving:		
Company:		Kind of Business:			
Address:	City:	State:	Zip:	Phone:	
Position:	Pay rate:		Employed from:	To:	
Name of Supervisor:			Reason for Leaving:		

REFERENCE (optional)

Name:	Phone:	Email:	Relationship:
-------	--------	--------	---------------

EDUCATION

Name of High School:	Location:	Graduation Date:
College:	Major:	Graduation Date:

AVAILABILITY

Desired number of hours you would like to work per week:

I am involved with regular activities (sports, band, classes) that may conflict with my schedule. No Yes Explain:

I will be able to work beginning Memorial Day Weekend. Yes No Explain:

I will be available to work weekends while school is in session. Yes No Explain:

I will be available to work weekday afternoons (after 4pm) while school is in session. Yes No Explain:

I will be able to work through Labor Day. Yes No My last day will be: ___/___/___
(Any changes to this date must be reported to the office)

I currently have planned days off that may conflict with my schedule.* No Yes Explain:

***All employees must adhere to standard policy procedures regarding vacation requests. This document is not considered a formal request**

SIGN

X _____ Date: _____

WHAT ABOUT YOUR FRIENDS? Please list any friends/family that may be interested in working with us this summer.

Name: _____ Email: _____ Phone: _____ Certified? Yes No

Name: _____ Email: _____ Phone: _____ Certified? Yes No

Name: _____ Email: _____ Phone: _____ Certified? Yes No

LEGAL / EMERGENCY

In the case of an emergency, please notify: _____ Phone: _____

Can you perform the essential functions of this job without reasonable accommodations?* Yes No

What, if any, accommodations are required?

Are you legally authorized to work in the United States?

Since your 18th birthday, have you been convicted of a felony by any court? Yes No N/A
If so, explain:

*A lifeguard, by definition, has a legal duty to protect the safety of people in an assigned area. Lifeguards have a professional obligation to prevent potential accidents by enforcing the rules and regulations of an aquatic setting and to react to any emergencies that occur. To be a professional lifeguard, a person must have certain physical fitness, certification of lifeguard training, first aid, cardiopulmonary resuscitation and other requirements, which may be tailored to the specific needs of the facility.

In addition to these requirements, however, lifeguards need certain personal characteristics, knowledge and skills to function effectively. Lifeguards must be caring, strong, quick to respond, confident, physically fit and intelligent persons with good interpersonal skills. Because of the hazardous duty of the lifeguard, some candidates with physical or mental conditions may be certified as lifeguards but may not be qualified for the job of a professional lifeguard. Lifeguards must have a high level of physical fitness at all times, including hearing, sight, speed, strength, endurance and flexibility, all of which are vital to a rescue. A professional lifeguard must be able to remain alert with no lapses in consciousness, be physically able to sit for extended periods, including in elevated chairs; communicate verbal including projecting the voice across large distances; be able to hear noises and sounds of distress even outside one's vision.

Lifeguards must have emotional stability and make sound decisions that conform to facility policies when dealing with difficult decisions since the decisions of a lifeguard may affect the total facility staff and the lives of others. Lifeguards must have a positive attitude in order to be able to fully cooperate with other guards in a team effort and adhere to rules and regulations in a successful operation of a facility. Lifeguards must have the physical and mental conditions necessary to be able to properly and timely activate the EMS system and complete the EMS system in the case of an emergency.

"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. I authorize investigation of all statements contained herein and the references listed above may give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you."

"I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

"Under State law, an employer may not require or demand any applicant or prospective employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and is subject to a fine not to exceed \$100."

Signature: _____

Date: _____

We are an equal opportunity employer. All applicants for employment will be considered without regard to race, color, religion, sex, national origin, disability or age. This application will remain active for 45 days. After that time, the applicant must renew it if he/she wishes to be reconsidered for employment.

AVAILABILITY EVALUATION



Name: _____ Date: _____

Please fill out your summer availability on this form to the best of your knowledge. This will help us create a summer schedule that works for everyone. It is in your best interest to complete this form as accurately as possible in order to prevent any future problems.

What is your last day of school? ____/____/____ When are you available to start working? ____/____/____

When do you return to school? ____/____/____ What is your projected last day of work? ____/____/____

Will you be available weekends while school is in session? Yes No

If no, please explain: _____

Will you be available weekday afternoons when school is in session? Yes No

If no, please explain: _____

Will you be available to work Memorial Day Weekend? Yes No Labor Day Weekend? Yes No

If no, please explain: _____

Please list any vacations, specific days you need off or expected summer class schedules: _____

Please list any other schedule conflicts that we need to know about: _____

Overall Weekly Availability

Please write "OPEN" in any square that you are available to work and put an X in any square where you are unable to work. Please note that weekend availability is a requirement for many of our pools.

	SUN	MON	TUE	WED	THU	FRI	SAT
MORNING							
EVENING							

Signature: _____

Entered Date: _____ Staffing Department: _____



OSHA HAZARD COMMUNICATION



As an employee, you will not be expected to handle any hazardous chemicals. However, it is important that you read the information contained herein so that you are aware of Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard and some important points about the hazardous chemicals that may be present at your worksite.

Overview Of OSHA Hazard Communication Standard

The purpose of this OSHA regulation is to ensure that information concerning the hazards of all chemicals in the workplace is transmitted to employees. We transmit this information to our employees in accordance with OSHA's requirements by means of container warning labels, material safety data sheets (MSDS) and the training of employees who actually handle the hazardous chemicals.

Product Labels

All containers of hazardous chemicals are labeled with the identification of the chemical and appropriate warnings from the manufacturer. Do not remove or deface any labels or warnings on a chemical container. If you observe any unlabeled or unmarked containers, contact your immediate supervisor through your office.

MSDS

MSDS sheets for all hazardous materials are kept in the three-ring management binder at each facility under our management. A copy of all MSDS is also kept at our office. The product name for each MSDS will coincide with the name found on the chemical label.

Emergencies

In the event of a suspected leak or other hazardous chemical problem, immediately clear the area and contact your immediate supervisor.

Hazardous Chemical Handling

Individuals who have not received the required OSHA Chemical Handling training shall NOT handle any hazardous chemicals on the job.

I verify that I have read and understand the OSHA Hazard Communication information above.

Employee Name (PRINT)

Employee Signature

Date



BLOODBORNE PATHOGEN EXPOSURE



I have read and understand the Bloodborne Pathogen Exposure Plan (in the "Full" Edition of the Employee Handbook on the employee portal on www.guardforlife.com) and its policies and agree to abide by them. I understand that any violation of the stated policies is reason for disciplinary action up to and including termination.

Employee Name (PRINT)

Employee Signature

Date



PERSONAL PROTECTIVE EQUIPMENT



I have read and understand the Personal Protective Equipment policies and procedures (in the "Full" Edition of the Employee Handbook on the employee portal on www.guardforlife.com) and agree to abide by them. I understand that any violation of the stated policies is reason for disciplinary action up to and including termination.

Employee Name (PRINT)

Employee Signature

Date



HEPATITIS B VACCINE DECLINATION



I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (PRINT)

Employee Signature

Date

