

# APPLICATION FOR EMPLOYMENT-LIFEGUARD

Date \_\_\_\_\_

Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_ Phone (home) \_\_\_\_\_  
Street City State Zip Code

E-mail Address \_\_\_\_\_ Phone (cell) \_\_\_\_\_

What kind of work are you applying for? \_\_\_\_\_

What office machines can you operate? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Please check appropriate box. Are you:

Under 14 years old

14 to 18 years old

Over 18 years old

## EDUCATION

SCHOOL	DATE FROM TO	NAME OF SCHOOL	CITY	COURSE	DID YOU GRADUATE?
Elementary					
Secondary					
College					
Other					

\*The Age Discrimination Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

## EXPERIENCE

NAME & ADDRESS OF COMPANY	DATE FROM TO	DUTIES	START PAY	FINAL PAY	REASON FOR LEAVING

## BUSINESS / PERSONAL REFERENCES

NAME	ADDRESS / PHONE	OCCUPATION

List any related experiences you have had in relation to the position you are applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Certifications that you presently hold (Advanced Lifesaving, W.S.I., C.P.R., etc.) and the Chapter of Authorization if other than Franklin County:

Certification	Expiration Date	Chapter of Authorization
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teaching Experience (give dates and locations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guarding Experience (give dates and locations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If under 18, do you have a work permit? \_\_\_\_\_

Available for work (give dates):

Beginning: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

Finishing (if seasonal): \_\_\_\_\_ Mark available times: \_\_ Days \_\_ Evenings \_\_ Weekends

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I certify that the information I have provided on this application is true and correct to the best of my knowledge. False information can be grounds for termination.

**MUIRFIELD ASSOCIATION, INC., 8372 MUIRFIELD DR., DUBLIN, OH 43017**

**TELEPHONE: 614-889-0922 FAX: 614-889-1142**

**EMAIL: [chris@muirfieldassociation.com](mailto:chris@muirfieldassociation.com)**

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purpose such questions are appropriately noted on the application.

**FOR OFFICE USE ONLY. TWO IDs REQUIRED:**

SOCIAL SECURITY # \_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ OHIO I.D. \_\_\_\_\_

EMPLOYER'S INITIALS \_\_\_\_\_