



Lake Tranquility Community Club

PO Box 13, Tranquility, NJ 07879

(973) 500 - 8022

teamLTCC@gmail.com

## LTCC LIFEGUARD APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Check if Home Phone Email: \_\_\_\_\_

<b>Certifications</b>	
	Expiration Date
<input type="checkbox"/> American Red Cross Lifeguarding <b>*Required</b>	_____
<input type="checkbox"/> American Red Cross CPR for the Professional Rescuer <b>*Required</b>	_____
<input type="checkbox"/> American Red Cross Waterfront Lifeguarding <b>*Required</b>	_____
<input type="checkbox"/> American Red Cross Water Safety Instructor	_____
<input type="checkbox"/> American Red Cross Lifeguarding Instructor	_____
<input type="checkbox"/> Other: _____	_____

<b>Weekly Availability: 12pm – 6pm</b>						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

<b>Work Experience</b>			
Dates	Position	Employer	Employer Phone

<b>Pre-employment Questionnaire</b>	
1. Are you willing and available to work Memorial Day to Labor Day	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any condition that would inhibit your performance as a lifeguard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a clean school disciplinary record and clean police record?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References	
Reference Name (Non-Family)	Reference Phone

**Shirt Size:** XS S M L XL XXL (circle one)

Additional Information:

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*I verify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE IN THIS BOX – LTCC USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
_____	
_____	
_____	