



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Application for Employment: Lifeguard/Aquatics Instructor WHATCOM FAMILY YMCA

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age or the presence of a non-job related handicap. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application shall be considered sufficient for termination.

1. Name _____ Date _____
Last First Middle

2. Address _____
Street City State Zip

3. State your age if you are under 18 ____ Home Phone _____ Cell Phone _____

4. Email address _____

5. Position or type of employment desired (check one or more):
 Swimming Instructor
 Lifeguard
 Water Fitness Instructor

If applying for these jobs do you have:

Lifeguard Certification Yes ____ No ____
 Current CPR/PR Card Yes ____ No ____
 Current WSI Card Yes ____ No ____

Please state other qualifications that further qualify you for the job: _____

6. Date Available _____ Full Time _____ Part Time _____ Temporary _____

Scheduling Information: Start Date _____ End Date (if necessary) _____

Desired number of hours _____ minimum _____ maximum _____

Please list your class schedule, other job hours, and may other obligation you may have: _____

7. Are you a U.S. Citizen, or do you have a Visa permitting you to work in the U.S.? Yes ____ No ____

Social Security Number _____

8. Any physical, mental or sensory limitations or disabilities to assist us in placement? _____

9. Education:

Schooling	Name and Address	Major	Last Year Attended
High School			
College			
Other			

10. List other special training, skills, and experience, which you feel would qualify you for work at the YMCA: _____

11. U.S. Military: Branch _____ From _____ To _____

(Over)

Whatcom Family YMCA

1256 N. State Street, Bellingham, WA 98225

360 733 8630 www.whatcomymca.org

Work Experience

12. List below the three most recent positions (full or part time, or summer) for which you have received a wage or salary.

Dates	Position	Employer	Address	Supervisor	Phone

13. List any volunteer experience you have had pertaining to position applying for.

Dates	Position	Employer	Address	Supervisor	Phone

14. All previous employers are considered as references unless specific advice to the contrary accompanies this application. In addition, give the name and addresses of others who are able to give an estimate of your character and fitness for the position, which you are applying.

Name	Address	Occupation	Phone

15. Please note: Applicant agrees to the following conditions of employment:

- a) A pre-employment health evaluation, if required.
- b) Met minimum or maximum age requirements of applicable laws, and submitting proof of age, if required.
- c) Submitting proof of citizenship or U.S. work permit, if required.
- d) Completing and executing surety bond application, if required.
- e) Meeting attendance and performance requirements.
- f) Conforming to other policies of the Whatcom Family YMCA.
- g) Additionally, I authorize the Whatcom Family YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, my experience, and prior employment. You, or your representatives may make inquiries or requests, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment.

16. I swear all statements in this application are true and correct and if any information submitted is false it shall be cause for dismissal. I have been advised that you may cause an investigative report to be prepared on all information contained herein, and I hereby consent thereto. I understand permanent employment may be contingent upon receipt of Alien Registration Number, verification of date of birth and any other pertinent information bearing upon my continued employment. I have been advised and understand I have the right to request a disclosure in writing of the nature and scope of the investigation.

Signature of Applicant _____ Date _____

For office use only:

Interviewer comments: _____

Date Started _____ Wage _____ /hour Supervisor _____

Date Terminated _____ Last Wage _____ /hour