

## South Hills Swim Club Employment Application

*Please submit a copy of the application via mail to:*

South Hills Swim Club  
P.O. Box 75085  
Charleston, WV 25375

Or by email to: Aaron Alexander at [aaron.alexander@ThomasHealth.org](mailto:aaron.alexander@ThomasHealth.org)

NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SHSC MEMBER:                      YES                                      NO

### **School Information:**

What grade will you have completed at the end of the current school year?

School currently attending: \_\_\_\_\_

### **Certification Information:**

Are you currently certified in (*circle all that apply*): First Aid:    CPR:    WSI:

Life Saving: Other (list):

*Please attach proof of lifeguarding certification to this application if you have already completed it. If you are awaiting the course, please attach registration information and/or the dates you will be taking the course.*

**Position(s) for which you are applying:**

Lifeguard (full time)

Swim Coach

Lifeguard (part time)

Minnow Team

Assistant Manager

**Work Information:**

Will you be available to work the entire summer season? Yes      No

If no, please explain why and when you will not be available:

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Please list any previous work experience:

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Please List Two References:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please use the reverse side to add additional information or comments which may be helpful for the Hiring Committee.*

*For Hiring Committee Use: Hired \_\_\_\_\_ Position: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Letter Sent: \_\_\_\_\_ Reply Received: \_\_\_\_\_ Certification Approved \_\_\_\_\_*