## Treehaven Swim Club 2020 Lifeguard Application

Full Name:			
Address:			
Cell Phone:	Email:		
Birth Date:	Social Security	ry #:	
Emergency Contact Name/Phone:			
Education (Years Completed): Hig	h School College	e	
Previously worked at Treehaven o	r another pool? Please list where	re	
How many Seasons have you work	What year did you start?		
You will be added to Remind appli	cations for communications, are	you ok with this? Y/N	
You will get a 1099 for tax purpose	es, please note that you are ok wi	vith this: Y/N	
If you are under 18, your parents a	are required to sign application b	pelow and attend initial meeting with you.	
List Certifications - Courses & Date	es (Enclose a copy of all cards and	d certifications or email to	
treehavenswimclubstaff@gmail.co	om or the mailing address below.		
All cards will be required to be pri	nted and hanging in the lifeguard	d room if you are hired <u>before you are put on th</u>	ie
schedule – <b>NO EXCEPTIONS</b>		,	
Job History:			
Where did you work?	How long did you work t	there? What were your duties?	
References: Name	Phone Number	Relationship	
Ivallie	Phone Number	Relationship	
If under 18:		Date	
Parent/Guardian F	Printed Name Pa	arent/Guardian Signature	

**Mailing Address:** 

Treehaven Swim Club C/O Tracie Ostoffie

ATTN: LIFEGUARD APPLICATION

2104 Forge Drive, Aliquippa, PA 15001 OR Email Address: treehavenswimclub@gmail.com

<sup>\*</sup>Once you have completed Job Application please send to: