



# AQUATIC APPLICATION

**Mail to:**  
 Seattle Parks and Recreation  
 Citywide Aquatics Westbridge  
 4209 West Marginal Way SW  
 Seattle, WA 98109

Citywide Aquatics (206) 684-4078

Last Name		First Name	Date
Street Address		Home Phone	Message/Daytime Phone
City	State	Zip	E-mail Address

## Aquatic Certifications

	Date Completed	Expiration Date
American Red Cross Lifeguard Training	_____	_____
American Red Cross Community First Aid	_____	_____
American Red Cross CPR for the Professional Rescuer	_____	_____
American Red Cross Water Safety Instructor	_____	_____
Northwest Lifeguard Test	_____	_____
Other _____	_____	_____
Other _____	_____	_____

## Aquatic Employment Questions

Check all that apply:

**What aquatic jobs are you interested in?**

☐ Any Indoor Pool      ☐ Specific Indoor Pool \_\_\_\_\_      ☐ Beaches  
☐ Wading Pools      ☐ Colman Pool      ☐ Mounger Pool      ☐ Other \_\_\_\_\_

**Type of work desired:**

☐ Lifeguard      ☐ Swim Instructor.      ☐ Water Fitness Instructor.      ☐ Recreation Attendant  
☐ Cashier      ☐ Other \_\_\_\_\_

**How did you find out about this position?**

☐ Newspaper      ☐ Brochure/Flyer      ☐ School/Swim team      ☐ Internet      ☐ Other \_\_\_\_\_

## Education

		YES or NO
High School Attended	City/State	High School Diploma or GED Received
College/University/Vocational School	City/State	Major      Years Completed

**History** (may attach resume in place of work history)

		From	To	
Company Name	Your Position Title		Dates Worked (month/Year)	
		YES or NO		
City	State	Supervisor's Name/Title	Phone	May we contact
\$ /\$				
Hourly wage/Salary	Reason for leaving			
Duties: _____				
_____				
_____				

		From	To	
Company Name	Your Position Title		Dates Worked (month/Year)	
		YES or NO		
City	State	Supervisor's Name/Title	Phone	May we contact
\$ /\$				
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_____				
_____				

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_____				
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\$ /\$				
Hourly wage/Salary	Reason for leaving			
Duties: _____				
_____				
_____				

This statement must not be altered. I understand that false or misleading information in any of my answers or statements will result in my application being eliminated from further consideration, or if employed, will be cause for my dismissal. All statements submitted on this application for employment will be subject to investigation and verification prior to appointment.

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

**NOTICE:** If selected, you will be required to successfully pass a background investigation, drug testing, physical and verify you are legally eligible to work in the United States prior to appointment.

(P.L. 99-603: U.S. Immigration Reform and Control Act of 1986) & (RCW 43.43.830-43.43.840 Child/Adult Abuse Information Act)