



AQUATIC APPLICATION

Citywide Aquatics (206) 684-4078

Mail to:

Seattle Parks and Recreation
Citywide Aquatics Westbridge
4209 West Marginal Way SW
Seattle, WA 98109

| | | |
|----------------|------------|-----------------------|
| 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?

| | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Any Indoor Pool | <input type="checkbox"/> Specific Indoor Pool _____ | <input type="checkbox"/> Beaches |
| <input type="checkbox"/> Wading Pools | <input type="checkbox"/> Colman Pool | <input type="checkbox"/> Mounger Pool |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ |

Type of work desired:

| | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Swim Instructor. | <input type="checkbox"/> Water Fitness Instructor. | <input type="checkbox"/> Recreation Attendant |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Other _____ | | |

How did you find out about this position?

| | | | | |
|------------------------------------|---|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochure/Flyer | <input type="checkbox"/> School/Swim team | <input type="checkbox"/> Internet | <input type="checkbox"/> 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)

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

| Company Name | | Your Position Title | From | To | Dates Worked (month/Year) | YES or NO | |
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| Duties: | | | | | | | |
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| Duties: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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