



# 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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\$/ \$		_____		
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)