

## CHIEF STEVE STOCKS CAPTAIN ED SCHNEIDER

## **APPLICATION FOR EMPLOYMENT**

SAVE APPLICATION U	SING I	OUR LAST	MAIN	<u> L</u>			TE	EST DATE:	
LAST NAME					FIRST NAME				MIDDLE
STREET ADDRESS									
CITY		STATE		ZIP CODE EMAIL					
HOME PHONE		1		CELL PHONE	1	SOC. SEC. #			
D O D				HEIGHT WEIGHT					
D.O.B.				HEIGHT	VEIGIII				
HAVE YOU EVER WORKED AS A LIFEGUARD?				IF YES, LIST EMPL	OYER AND DATES OF EM	<i>IPLOYMENT</i>			
		YES NO	)						
<b>EMPLOYMENT</b>		IPLOYER							YEAR
		!PLOYER							YEAR
		I DO I DIC							1 11111
	HIO	GH SCHOOL				GRADUATED	YES	NO	YEAR
	4.0	mu umuno (on	D/II/C						
EDUCATION		TIVITIES/SPC	IRTS						
		LLEGE				GRADUATED	VEC	NO	YEAR
		LLEGE				GNADOATED	ILS	NO	ILAN
		TIVITIES/SPC	ORTS						
		,							
U.S. MILITARY VETERAN <i>YES NO</i>		RANCH		DISCHARGE					
HAVE YOU EVER BEEN ARRESTED? YES			NO	IF YES EXPLAIN	I				
HAVE TOO EVER BEEN AI	IKLSTED.	11.5	NO						
	1 FULL NAME,				RELATIONSHIP			TELEPHONE	
				RELATIONSHIP					
REFERENCES	2 FULL	NAME,				TELEPHONE			
	3 FULL	NAME,			RELATIONSHIP			TELEPHONE	
If hired, the applicant must have a medical examination completed by a licensed physician at the applicant's expense. The applicant must be evaluated and approved by the physician to be "physically fit to participate in ocean lifeguarding." Written proof of the medical examination must be submitted before the applicant can begin employment. The medical examination form will be provided.									
Your Signature to this application will be considered as y that the foregoing answers and statements are true.				our certification	APPLICANTS SIGNATURE	1	DATE	INIT	IAL IF EMAILED
If the applicant is under age 18, the signature of parent/legal guardian is required in the space provided.					PARENT'S SIGNATURE	E	)ATE	INITI	AL IF EMAILED