## **Town & Country Pool 2025 Lifeguard Application**

Date:							
Name:		Phone	Phone:				
Permanent Ad	dress:						
City: 5		_ State:	Zip:				
Birth date:		SS#:					
			Health				
Describe any բ	ohysical limitation	ons:					
Date Available	to Start:		Hours Available:				
Days Available	e (circle all that	apply): All					
Monday	Tuesday	Wednesday	Thursday	Frida	ay Saturday	Sunday	
		Record	d of Educati	ion			
	Name of Scho	ool	Years Attend	ded	Date Graduated	Major	
Elementary							
Middle							
High School							
College							
		Record	of Employn	nent			
Employer		Start/End	Start/End		Type of Work		

Do you have reliable	YES NO				
Do you hold a valid C	YES NO				
DO you hold a valid L	YES NO				
List any other experie	ences or training you ha	ve had in aquatics:			
	Re	eferences			
Name	Address	Phone	Occupation		
I hereby certify that a	ll of the above statemer	nts are true and cor	rect.		
Signed:	Date:				
Also submit copies of	Town 8 Attention 3330 B Winston-S Phone:	application to: Country Pool Jessica Bowen Griarcliffe Road Salem, NC 27106 336-575-2725  CPR FIRST AID LIFEGUARDING C	ERTIFICATE		
CPR Certification	Office Use Only PR Certification Date Issued:				
First Aid Lifeguarding	Date Issued: _		_		
Date Hired: Date Released:					