

# GOLDEN STATE LIFEGUARDS

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you over 18 years of age? Yes  No

Are you over 21 years of age? Yes  No

Date of Birth \_\_\_\_\_

Are you legally allowed to work in the United States? Yes  No  (*We E-Verify*)

Have you ever been convicted of a felony? Yes  No  (*If yes, please explain*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own a car? Yes  No

Do you have auto insurance? Yes  No  Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Are you willing to submit to a background check to include the following:

General Background and reference check? Yes  No

Credit Check? Yes  No

Drug Testing? Yes  No

Do you have any conditions that may prohibit you from performing the job? Yes  No  (*If yes, please explain*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AVAILABILITY

*Please list your availability below.*

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_



# GOLDEN STATE LIFEGUARDS

## EMPLOYMENT APPLICATION

### PROFESSIONAL CERTIFICATES/LICENSES

American Red Cross Lifeguard: Yes  No  Cert #: \_\_\_\_\_ Exp: \_\_\_\_\_

Starguard Lifeguard: Yes  No  Cert #: \_\_\_\_\_ Exp: \_\_\_\_\_

American Heart Association BLS/AED: Yes  No  #Cert #: \_\_\_\_\_ Exp: \_\_\_\_\_

EMT: Yes  No  Cert #: \_\_\_\_\_ Exp: \_\_\_\_\_

Paramedic License:  No  Yes License # \_\_\_\_\_ Exp: \_\_\_\_\_

Drivers License: Yes  No  State: \_\_\_\_\_ License #: \_\_\_\_\_ Exp: \_\_\_\_\_

Other Certificates/Licenses:

---

---

---

---

---

# GOLDEN STATE LIFE GUARDS

## EMPLOYMENT APPLICATION

### EMPLOYMENT HISTORY

**Name of employer:**

\_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you still currently employed? Yes  No

Please list employment dates: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Job duties:

\_\_\_\_\_

**Name of employer:**

\_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you still currently employed? Yes  No

Please list employment dates: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Job duties:

\_\_\_\_\_

# GOLDEN STATE LIFE GUARDS

## EMPLOYMENT APPLICATION

Name of employer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you still currently employed? Yes  No

Please list employment dates: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job duties: \_\_\_\_\_

### REFERENCES

Reference #1:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference #2:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference #3:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# **GOLDEN STATE LIFEGUARDS**

## **EMPLOYMENT APPLICATION**

### **EMPLOYEE APPLICATION TERMS & CONDITIONS**

*By submitting your application for employment, you agree to and incorporate the following terms and conditions:*

*I certify that answers given herein or on attached resume are true and completed to the best of my knowledge and I have personally completed this application. I understand that falsification of information provided on this application or on a resume if one is provided, or during the interview process, will constitute sufficient grounds for Golden State Lifeguards to terminate my employment.*

*I authorize Golden State Lifeguards and/or any of its agents to verify any information I have provided on this application, or a resume if provided, or during the interview process. I further authorize Golden State Lifeguards to conduct a background investigation and to check personal and employment references. I release anyone responding to Golden State Lifeguards inquiries from any and all liability to me which could result from disclosure of information provided. I hereby release any and all claims I might have against Golden State Lifeguards or any of its agents related to such inquiries.*

*I understand that my employment may be contingent upon completion and satisfactory results from my reference checks, background checks, and driving record.*

*I understand and agree that if I am employed; my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Golden State Lifeguards.*

Name: \_\_\_\_\_

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

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