

Town of Clifton Park  
 Office of Parks, Recreation & Community Affairs  
 1 Town Hall Plaza, Clifton Park, NY 12065  
 (Phone) 371-6667 (Fax) 383-5088

Interview Date: Time: By:
------------------------------------

## Lifeguard Employment Application

Application must be completed by applicant - Please print using a blue or black pen.

<b>Position(s) applying for:</b>		<b>Date:</b>	
----------------------------------	--	--------------	--

*If applying for a salaried position, please attach resume.*

			<b>Date of Birth:</b> All individuals employed or volunteering will have their name submitted to a search on the NYS Sex Offender Registry. Used for this sole purpose.	/	/
<b>Last Name</b>	<b><u>LEGAL</u> First Name</b>	<b>MI</b>			
<b>Street Address</b>			<b>Town</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone Number</b>	<b>Cell Phone Number</b>		<b>Email Address</b>		
<b>Have you ever applied with us before?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, give date:</b>		
<b>Have you been employed with us before?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, give date:</b>		
<b>When are you available for employment?</b>					

**Please describe any specialized training, apprenticeship, skills and extra-curricular activities you are involved in that you feel would help you in the job you are applying for:**

---



---



---

**Please describe why you feel you would be effective in the position you are applying for:**

---



---



---

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education	Name & Address of School	Course of Study	Year Completed	Diploma/Degree
High School				
Undergraduate				
Graduate				
Professional				
Other (Specify)				

## Employment

<i>Begin with most recent</i>	Firm Name	Address	Phone	Describe your duties
<b>Employment Dates</b> <b>From:</b> <b>To:</b>				
<b>Employment Dates</b> <b>From:</b> <b>To:</b>				
<b>Employment Dates</b> <b>From:</b> <b>To:</b>				
<b>Employment Dates</b> <b>From:</b> <b>To:</b>				

## References

At least two (2) required (must not be a relative)	Title/Business	Daytime Telephone #	Evening Telephone #
1.			
2.			
3.			

***Please attach a copy of your current CPR/Lifeguarding certification. Your application will not be complete until we receive a copy.***

**I state that the information provided is correct:** \_\_\_\_\_  
Signature of Applicant