

**SPRINGFIELD TOWNSHIP
COUNTRY CLUB POOL
LIFEGUARD, SNACK BAR, OFFICE, APPLICATION**

DATE _____

NAME _____

ADDRESS _____

PHONE _____

CELL# _____

POSITION (Circle one) **Lifeguard, Snack Bar, Office**

LIFEGUARDING EXP DATE _____

RETURNING GUARD Y or N

C.P.R. EXP DATE _____

EDUCATION

Graduated Yes or No

Grammar School _____

High School _____

College _____

Graduate School _____

EMPLOYMENT RECORD

Name of Firm _____

Date started _____

Address _____

Date Finished _____

Name of Supervisor _____

Name of Firm _____

Date started _____

Address _____

Date Finished _____

Name of Supervisor _____

Name of Firm _____

Date started _____

Address _____

Date Finished _____

Name of Supervisor _____

PERSONAL REFERENCE

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____