

# CITY OF HARVARD

## 2024 SWIMMING POOL APPLICATION

Please Print Clearly

Name \_\_\_\_\_ Date filled out \_\_\_\_\_

Address (Home) \_\_\_\_\_

Phone (Home) \_\_\_\_\_

\_\_\_\_\_

Phone (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Are you at least the age of 15 years old? ☐ Yes ☐ No

Check All Positions Applying For:

☐ Assistant Manager

☐ Life Guard

☐ New Employee

☐ Returning Employee (How many years? \_\_\_\_\_)

☐ Mechanical

☐ Office

☐ Cashier & Concession Worker

Check if you have a current certificate for the following areas?

Please Give Expiration dates

☐ C.P.R. Expiration date \_\_\_\_\_

☐ Lifeguard Expiration date \_\_\_\_\_

☐ Water Safety Instructor Expiration date \_\_\_\_\_

☐ Lifeguard Instructor Expiration date \_\_\_\_\_

☐ Red Cross First Aid Expiration date \_\_\_\_\_

☐ Other: \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you worked at a public or private swimming pool before? ☐ Yes ☐ No

If yes, Where \_\_\_\_\_ When \_\_\_\_\_ Position \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Employer	Address	Telephone #	Dates Employed		Work Performed
			To	From	

**To help in scheduling purposes. Do you have any Commitments this summer?**

(Family vacations, Band Camps, Sport camps etc.)

IN JUNE: What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

IN JULY: What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

IN AUGUST: What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

What \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_

**Days of the week you are **UNABLE** to work on a regular basis due to prior commitment**

Check any that apply: ☐Sun ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

Please note reason unable to work \_\_\_\_\_

Are you involved in a fall School Activity? \_\_\_\_\_

When does it start? \_\_\_\_\_

What could be your last day to work? (School, Sports Etc.) \_\_\_\_\_

Please list: T-Shirt Size \_\_\_\_\_ Swim Suit Size \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE SUBMIT APPLICATION TO LOU LEONE AT CITY HALL OR LEONE@CITYOFHARVARD.ORG