ATTICA CITY POOL APPLICATION

NAME:_____
FIRST **MIDDLE** **LAST**

ADDRESS:_____
STREET

_____
CITY **STATE** **ZIP**

PHONE:_____
HOME **CELL**

BIRTH DATE:_____ **FATHER'S NAME**_____

SOCIAL SECURITY NUMBER:_____

POSITION APPLYING FOR: **please circle**

LIFE GUARD **CONCESSION** **MANAGER**

WHY ARE YOU APPLYING FOR THE LIFE GUARD POSITION:

_____
_____
_____
_____
_____

DATE OF RED CROSS CERTIFICATION:_____

INSTRUCTOR:_____

EXPIRATION DATE:_____

WORK EXPERIENCE:_____
_____
_____

REFERENCES (Three)_____
_____
_____

IF YOU WERE NOT HIRED FOR A FULL TIME POSITION, WOULD YOU CONSIDER SUBBING? _____ **YES** _____**NO**

SIGNATURE:_____ **DATE:**_____