

Indian Hills Swim Club
1158 N. Meridian Avenue, Wichita KS 67203
(316) 943-4391

Lifeguard/Pool Staff Seasonal Job Application

PLEASE PRINT

Application Date: _____

Name: _____

Permanent Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth: _____ Current Age: _____

**LIFEGUARD INFORMATION - PLEASE ATTACH PHOTOCOPIES OF YOUR CURRENT CERTIFICATIONS
(even if you have worked for us before).**

C.P.R. Certificate (date received): _____ copy attached: _____

Lifeguard Training Certificate (date received): _____ copy attached: _____

First Aid Certificate (date received): _____ copy attached: _____

Proof of Age (birth certificate, passport, license) _____ copy attached: _____

SWIM INSTRUCTION

All swim instruction (group and private lessons) offered at Indian Hills Swim Club will be scheduled through the department and pool management.

Are you certified/trained to provide swim instruction? Yes No

If "yes", please indicate certification: _____ copy attached: _____

Do you want to be considered for a position as a swim instructor? Yes No

SUMMER AVAILABILITY

Dates you are available to work this summer: FROM: ____/____/____ TO: ____/____/____

Any dates (vacation, college orientation or other) you are NOT available to work this summer:

EDUCATION

Grade in September: 9th 10th 11th 12th **College:** Freshman Sophomore Junior Senior

High School Attended: _____ Graduation Year: _____

College (if applicable): _____ Graduation Year: _____

Graduate Study (if applicable) : _____ Graduation Year: _____

Lifeguard/ Supervisor Experience (please be specific as to location, type of experience and years):

Other Certifications/Awards/Hobbies (Interests):

References, please include name, phone number and your relationship. Please list 3. (No family references, please.)

Please take a moment to share with Indian Hills Swim Club the following:

Why you want to work with us this summer?

What qualities do you have that you feel will be an asset to Indian Hills Swim Club?

Any additional comments:

RETURN COMPLETED FORM TO:

IHCA Manager
PO Box 771544
Wichita, Kansas, 67277

Or Email Application to:
IHmanager@goindianhills.com