



**GUARD FOR LIFE**  
YOUR AMERICAN POOL CONNECTION



## Lifeguard Interview Packet

This package includes the following:

- Lifeguard Job Application
- Federal and State Tax Forms
- I-9 Form
- Availability Form
- Policies and Procedures Acknowledgments

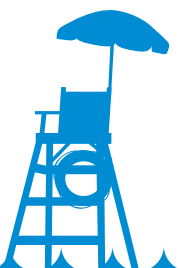
In addition to filling out this information and bringing it with you on your interview you must also bring with you:

- Documents for your employer to complete the I-9 form (most common used are: passport or Driver's License and Social Security Card)
- Work Permit if applicable
- Lifeguard/1st Aid Certification and CPR/AED Certification if currently certified

### Interview Tips

Along with preparing information for the interview, you need to prepare yourself, too. Making a good first impression is very important. It starts with setting up an interview and filling out the application yourself, instead of having a friend or relative do it. To give an employer the best impression, follow some general guidelines:

- Be on time for the interview
- Dress neatly, even when dropping off an application (shorts and sandals may come with the job, but while you're still an applicant, a sharper look is better)
- Be courteous and polite
- Maintain eye contact
- Avoid distracting habits (such as chewing gum, playing with hair or fidgeting)
- Smile, listen and be honest
- Ask questions - this is one of the best ways to show you're really interested in the job. Questions may include topics such as duties, hours, benefits and pay



[www.guardforlife.com](http://www.guardforlife.com)

# APPLICATION FOR EMPLOYMENT



New Employee  Returning Employee

You are not required to furnish any information, which is prohibited by federal, state, or local law.

<b>FIRST NAME:</b>	<b>LAST NAME:</b>	<b>MIDDLE INITIAL:</b>	<b>SOCIAL SECURITY NO.</b> - -
Home Address:		Other Address (College/Summer, if applicable):	
City:	State:	Zip:	City: State: Zip:
Telephone:		Telephone:	
Cell:		Date of Birth:	
Email:		If you are less than 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## JOB PREFERENCES

What is your preferred position?  Lifeguard  Pool Manager  Supervisor  Other: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Pool or desired area you would like to work: \_\_\_\_\_

## CERTIFICATIONS

All my certifications are good through Labor Day  One or more of my certifications expire before Labor Day  
 My certifications have already expired  I have never been certified

## HOW DID YOU LEARN ABOUT US? (Please check one)

Friend (First & Last Name: \_\_\_\_\_)  Job Fair/Career Center  Flyer/Mailer/Poster  Online Search  
 Facebook  Indeed.com  Other ( \_\_\_\_\_ )  I am a returning employee

## PREVIOUS EXPERIENCE (If you are a returning employee, **SKIP** to the Availability section.)

Company:		Kind of Business:		
Address:	City:	State:	Zip:	Phone:
Position:	Pay rate:	Employed from:	To:	
Name of Supervisor:		Reason for Leaving:		
Company:		Kind of Business:		
Address:	City:	State:	Zip:	Phone:
Position:	Pay rate:	Employed from:	To:	
Name of Supervisor:		Reason for Leaving:		

## REFERENCE (optional)

Name:	Phone:	Email:	Relationship:
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## EDUCATION

Name of High School:	Location:	Graduation Date:
College:	Major:	Graduation Date:



## AVAILABILITY

Desired number of hours you would like to work per week:

I am involved with regular activities (sports, band, classes) that may conflict with my schedule.

No

Yes Explain:

I will be able to work beginning Memorial Day Weekend.

Yes

No Explain:

I will be available to work weekends while school is in session.

Yes

No Explain:

I will be available to work weekday afternoons (after 4pm) while school is in session.

Yes

No Explain:

I will be able to work through Labor Day.

Yes

No My last day will be: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Any changes to this date must be reported to the office)

I currently have planned days off that may conflict with my schedule.\*

No

Yes Explain:

**\*All employees must adhere to standard policy procedures regarding vacation requests. This document is not considered a formal request**

SIGNATURE

X

Date: \_\_\_\_\_

**WHAT ABOUT YOUR FRIENDS?** Please list any friends/family that may be interested in working with us this summer.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Certified?  Yes  No

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Certified?  Yes  No

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Certified?  Yes  No

A lifeguard, by definition, has a legal duty to protect the safety of people in an assigned area. Lifeguards have a professional obligation to prevent potential accidents by enforcing the rules and regulations of an aquatic setting and to react to any emergencies that occur. To be a professional lifeguard, a person must have certain physical fitness, certification of lifeguard training, first aid, cardiopulmonary resuscitation and other requirements, which may be tailored to the specific needs of the facility. **Lifeguards must be able to perform the essential functions of the job with or without reasonable accommodation.**

## LEGAL / EMERGENCY

In the case of an emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Can you perform the essential functions of this job without reasonable accommodations?\*  Yes  No

What, if any, accommodations are required?

Are you legally authorized to work in the United States?

Certain states and municipalities have parameters which limit inquiries related to an applicant's criminal history. Please review and follow the instructions listed below for your state or city, as applicable, before answering the question about criminal convictions. If you are an applicant applying for a position in **California, Connecticut, Delaware, Georgia, Illinois, Maryland, Massachusetts, New Jersey, Virginia, Rhode Island, the District of Columbia, the cities of Pittsburgh & Philadelphia (in PA), the cities of Buffalo & Rochester (in NY), the boroughs of New York City, the cities of Durham & Charlotte (in NC); please do not answer this question.**

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE THAT HAS NOT BEEN EXPUNGED, SEALED, PARDONED, ANNULLED, DISCHARGED, STATUTORILY ERADICATED OR DISMISSED UPON CONDITION OF PROBATION WITHIN THE LAST TEN YEARS?

Yes  No Record

**Connecticut Applicants:** You need not disclose the existence of any arrest, criminal charge or conviction records which have been erased pursuant to Conn. Gen. Stat. §§ 46b-146, 54-760, 54-142a. Also note that the aforementioned criminal records subject to erasure are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and any person whose criminal records have been erased pursuant to the aforementioned sections is deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

**New York Applicants:** You are not required to reveal any Youthful Offender convictions.

If so, when? \_\_\_\_\_

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense and your subsequent rehabilitation:

To the extent required by applicable law, the Company maintains a smoke-free workplace.

**Massachusetts Applicants:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**Maryland Applicants:** UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**APPLICANT'S STATEMENT**

\*A lifeguard, by definition, has a legal duty to protect the safety of people in an assigned area. Lifeguards have a professional obligation to prevent potential accidents by enforcing the rules and regulations of an aquatic setting and to react to any emergencies that occur. To be a professional lifeguard, a person must have certain physical fitness, certification of lifeguard training, first aid, cardiopulmonary resuscitation and other requirements, which may be tailored to the specific needs of the facility.

In addition to these requirements, however, lifeguards need certain personal characteristics, knowledge and skills to function effectively. Lifeguards must be caring, strong, quick to respond, confident, physically fit and intelligent persons with good interpersonal skills. Because of the hazardous duty of the lifeguard, some candidates with physical or mental conditions may be certified as lifeguards but may not be qualified for the job of a professional lifeguard. Lifeguards must have a high level of physical fitness at all times, including hearing, sight, speed, strength, endurance and flexibility, all of which are vital to a rescue. A professional lifeguard must be able to remain alert with no lapses in consciousness, be physically able to sit for extended periods, including in elevated chairs; communicate verbal including projecting the voice across large distances; be able to hear noises and sounds of distress even outside one's vision.

Lifeguards must have emotional stability and make sound decisions that conform to facility policies when dealing with difficult decisions since the decisions of a lifeguard may affect the total facility staff and the lives of others. Lifeguards must have a positive attitude in order to be able to fully cooperate with other guards in a team effort and adhere to rules and regulations in a successful operation of a facility. Lifeguards must have the physical and mental conditions necessary to be able to properly and timely activate the EMS system and complete the EMS system in the case of an emergency.

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all of my employment and personal references, as well as the education institutes I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I agree to abide by all the rules and regulations of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that **my employment may be terminated with or without cause or notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than the President, has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the President.** In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks, which may include a background check. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

Signature:

Date:

We are an equal opportunity employer. All applicants for employment will be considered without regard to race, color, religion, sex, national origin, disability or age. This application will remain active for 45 days. After that time, the applicant must renew it if he/she wishes to be reconsidered for employment.

# OSHA HAZARD COMMUNICATION



As an employee, you will not be expected to handle any hazardous chemicals. However, it is important that you read the information contained herein so that you are aware of Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard and some important points about the hazardous chemicals that may be present at your worksite.

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## Overview Of OSHA Hazard Communication Standard

The purpose of this OSHA regulation is to ensure that information concerning the hazards of all chemicals in the workplace is transmitted to employees. We transmit this information to our employees in accordance with OSHA's requirements by means of container warning labels, material safety data sheets (MSDS) and the training of employees who actually handle the hazardous chemicals.

## Product Labels

All containers of hazardous chemicals are labeled with the identification of the chemical and appropriate warnings from the manufacturer. Do not remove or deface any labels or warnings on a chemical container. If you observe any unlabeled or unmarked containers, contact your immediate supervisor through your office.

## MSDS

MSDS sheets for all hazardous materials are kept in the three-ring management binder at each facility under our management. A copy of all MSDS is also kept at our office. The product name for each MSDS will coincide with the name found on the chemical label.

## Emergencies

In the event of a suspected leak or other hazardous chemical problem, immediately clear the area and contact your immediate supervisor.

## Hazardous Chemical Handling

Individuals who have not received the required OSHA Chemical Handling training shall NOT handle any hazardous chemicals on the job.

I verify that I have read and understand the OSHA Hazard Communication information above.

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# BLOODBORNE PATHOGEN EXPOSURE



I have read and understand the Bloodborne Pathogen Exposure Plan (in the "Full" Edition of the Employee Handbook on the employee portal on [www.guardforlife.com](http://www.guardforlife.com)) and its policies and agree to abide by them. I understand that any violation of the stated policies is reason for disciplinary action up to and including termination.

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# PERSONAL PROTECTIVE EQUIPMENT



I have read and understand the Personal Protective Equipment policies and procedures (in the "Full" Edition of the Employee Handbook on the employee portal on [www.guardforlife.com](http://www.guardforlife.com)) and agree to abide by them. I understand that any violation of the stated policies is reason for disciplinary action up to and including termination.

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Employee Name (PRINT)

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Employee Signature

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Date



# HEPATITIS B VACCINE DECLINATION



I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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Employee Name (PRINT)

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Employee Signature

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Date

