

GUARD FOR LIFE



2012 Lifeguard Interview Packet

This package includes the following:

- Lifeguard Job Application
- Policies and Procedures Acknowledgements
- I-9 Form
- State Tax Form

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;
- 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



APPLICATION FOR EMPLOYMENT

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

FIRST NAME:	LAST NAME:	MIDDLE INITIAL:	SOCIAL SECURITY NO. - -
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Home Address:	Other Address - College/Summer (If Applicable)
City:	City:
State: Zip:	State: Zip:
Home Phone:	Phone:
Cell Phone Number:	E-Mail Address:
Date of Birth: Sex: M F	If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

HOW DID YOU LEARN ABOUT OUR POOL COMPANY? (PLEASE CHECK ONE)

Newspaper Poster Friend (Name: _____) Career Center Mailer Internet Other (_____)

EDUCATION

Name of High School	Location	Graduation Date
College	Major	Graduation Date

CERTIFICATES - Do you need to be trained in Lifeguarding/First Aid and CPR/AED? yes no

Certification	Expiration Date	Type (Red Cross, YMCA, ALA, etc...)
CPR (Level _____)		
Standard First Aid		
Lifeguard Training		
Pool Operators (County _____)		
Other (LGI, WSI, etc.)		

AVAILABILITY

For what position are you applying? Lifeguard Pool Manager Supervisor Regional Manager
 Office Personnel Service Personnel Other

Desired Starting Pay? _____

Have you been employed with us before? **Yes.** Please list date(s) and pool(s): _____ **No**

How many hours per week do you want to work? _____ Pool or desired area you would like to work? _____

Are you involved in any activities (sports, band) that may conflict with a full time schedule? **No** **Yes** *Explain:* _____

Will you be available to work full-time beginning Memorial Day weekend? **Yes** **No** *Will you be able to work after 4pm weekdays and all day on weekends until the end of school?* **Yes** **No**

Will you be able to work through Labor Day? **Yes** **No** *What will be your last day?* _____

Do you have any vacations planned? **No** **Yes, give dates:** * _____

* THIS DOES NOT CONSTITUTE NOTICE ON VACATION DATES, TWO WEEKS NOTICE MUST BE GIVEN TO THE OFFICE IN SEASON

PREVIOUS EXPERIENCE (PLEASE START WITH PRESENT OR MOST RECENT POSITION.)

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

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

SUGGESTED REFERRALS (Please list any friends that we may be able to contact for job opportunities and training.)

Name	Phone	Certified? Y N
Name	Phone	Certified? Y N
Name	Phone	Certified? Y N

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 level of 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.

LEGAL/EMERGENCY

In the case of an emergency, please notify: _____ Phone: _____ Email: _____

Can you perform the essential functions of this job with or without reasonable accommodations?

What, if any, accommodations are required?

Are you legally authorized to work in the United States?

Have you ever been convicted of a felony? If so, explain:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above may give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you."

"I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

"Under State law, an employer may not require or demand any applicant or prospective employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and is subject to a fine not to exceed \$100."

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, it must be renewed by the applicant if he/she wishes to be reconsidered for employment.

POLICIES AND PROCEDURES ACKNOWLEDGEMENTS

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 OSHA's Hazard Communication Standard and some important points about the hazardous chemicals that might be present at your worksite.

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 3 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 and acknowledged in writing completion of the OSHA Chemical Handling course shall **NOT** handle any hazardous chemicals on the job.

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

Employees Name (PRINT)	Employee Signature

Date

Bloodborne Pathogen Exposure

I have read and understand the Bloodborne Pathogen Exposure Plan (www.guardforlife.com) and its policies and agree to abide by them. I understand that any violation of the above policies is reason for disciplinary action up to and including termination.

Employees Name (PRINT)	Employee Signature

Date

Personal Protective Equipment

I have read and understand the Personal Protective Equipment policies and procedures (www.guardforlife.com) and agree to abide by them. I understand that any violation of the above policies is reason for disciplinary action up to and including termination.

Employees Name (PRINT)	Employee Signature

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.

Employees Name (PRINT)	Employee Signature

Date