

CITY OF BRITT
BRITT FAMILY AQUATIC CENTER APPLICATION

Name _____ Date _____

Address _____

Phone _____ Cell Phone _____

Grade in school or college _____

Date of Birth _____

Position Desired: Lifeguard _____ Swimming Instructor _____

How many hours a week can you work? _____

Need to know availability—Please list dates that you cannot be employed
(college, camps, vacations, weekend, other employment, etc) _____

Are you involved in softball, baseball, or other summer sports? _____

Do you have a WSI certificate? _____

Please list expiration dates of:

Lifeguard Training _____ WSI _____

Adult CPR _____ LGI _____

First Aid _____

If expired, when are you renewing? _____

Former Employers:

1. _____
2. _____
3. _____

References: (name, Address, Phone Number)

1. _____
2. _____
3. _____

NOTE: YOUR ACCEPTANCE OF A SWIMMING POOL POSITION ACKNOWLEDGES THAT THE POSITION IS PART-TIME AND SEASONAL ONLY. YOU FURTHER ACKNOWLEDGE THAT YOUR EMPLOYMENT WITH THE CITY OF BRITT WILL BE ONLY DURING THE SUMMER MONTHS THAT THE POOL IS OPEN.

SIGNATURE: _____

DATE _____

Please return to:
City of Britt
170 Main Ave S
Britt, Iowa 50423