



City of Defiance, Ohio

APPLICATION FOR **LIFEGUARD** EMPLOYMENT

The City of Defiance, Ohio is an equal opportunity employer and employment decisions are made without regard to race, religion, creed, color, national origin, ancestry, disability, age, sex (including pregnancy and sexual orientation), genetic information, veteran status, or military status.

Please Print Legibly or Type

Last Name First Name Middle Initial

Home Address City State Zip Code

(_____)_____
Telephone Number

Email Address

GENERAL INFORMATION

1. Position applying for: ☐ **Head Lifeguard** ☐ **Lifeguard** ☐ **Cashier (First Aid & CPR)**
2. Would you prefer to work ☐ part-time (2-3 days) or ☐ full-time (40 hours a week)?
3. Do you have a valid driver's license?.....☐ Yes ☐ No
4. Do you have any relatives currently employed by the City of Defiance?.....☐ Yes ☐ No

CERTIFICATIONS (Certificates will need to be provided)

	Place of Issuance	Year Received	Expiration Date
CPR			
Standard First Aid			
Lifeguard Training			

EDUCATION

	School Name	Current Grade or Graduated	Course of Study
High School			
College or Trade School			

Are you involved with extracurricular activities that may interfere with working seven days a week, morning, afternoon, and/or evening June through August?

☐ Band ☐ Cheerleading ☐ Football ☐ Cross Country ☐ Blue Dolphins ☐ Vacation ☐ Another Job

Please explain: _____

EMPLOYMENT EXPERIENCE

Please list your past work experience beginning with your current or most recent employment. Military experience and volunteer work may also be included as employment. If you need additional space, attach another sheet to this application.

EMPLOYER:	Hire Date:	Ending Date:
Address:	Job Title:	Salary:
	Reason for leaving:	
Telephone:	Job Duties:	
Supervisor's Name:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER:	Hire Date:	Ending Date:
Address:	Job Title:	Salary:
	Reason for leaving:	
Telephone:	Job Duties:	
Supervisor's Name:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT REFERENCES

Please list three individuals who are **not** related to you, do **not** live with you, and have known you at least three years, such as a supervisor, co-worker, business leader, professional person, etc.

Name	Telephone number	Relationship

ADDITIONAL INFORMATION

List any skills, experience, or training you feel may better qualify you for the position:

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Date available to start: ____/____/20____ Last date available to work: ____/____/20____

Signature of Applicant: _____ /_____/20____
Date of Application

Please return application to: Defiance Parks and Recreation, 631 Perry Street, Defiance, OH 43512