



Ben Franklin Swim Club

Lifeguard Application Form

Section 1 Personal details

Date:		Name:			
Address:					
	Zip:				
Home Phone:			Cell Phone:		
E-mail address:					
Parent Name:			Parent Cell Phone:		
Are you at least 15 years old and if under age 18 do you have your parents' permission to work?			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a driver's license?			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have a current Lifeguard Certification? (please attach a photocopy/pdf/jpg)			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have any scheduling conflicts?			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What/Why? (summer practices, other jobs, camps, etc.)					
When can you start working?					
What dates do you plan on being on vacation/or not available to work?					

Section 2 Education

Date From	Date To	Name of High School/College

Section 3 Employment/Experience

Have you ever been employed by BFSC before?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Please list/describe your experience in swimming and aquatic programs. This should include any previous years worked as a Lifeguard as well as any additional background you have in aquatics (i.e. swim team, swim lessons)</i>						
List of Employment/ Experience in Aquatics	Date From:	Date To:	Job Title /Role / Responsibilities:		Salary/Hourly	

Section 4 Certifications

*Please attach copies of your current certifications (required of all applicants – even if employed previously by BFSC).
If you are registered for a future certification class, please provide that info as well.

CPR Certificate (date received):	
Lifeguard Training Certificate (date received):	
First Aid (date received):	

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Section 5 Zero-Tolerance Drug and Alcohol Policy

The Ben Franklin Swim Club maintains a drug & alcohol free workplace. The use of controlled substances or alcohol is inconsistent with the behavior expected of employees and subjects fellow employees, Club members, and visitors to our Club to unacceptable safety risks.

You must not report for duty or perform work while you are under the influence of, or impaired by any controlled substance, alcoholic beverage, or other intoxicant, including synthetic versions of illegal drugs. If we suspect an employee is under the effects of a controlled/synthetic substance or alcoholic beverage to any perceptible degree in our sole discretion, during work time, the employee will be disciplined in accordance to the policy up to and including immediate termination.

Signed:	Date:
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Section 6 Performance Objectives/Metrics

I am agreeing to perform a job that includes protecting the lives and safety of both the children and adults that come to enjoy the club. I understand that when I am on duty, I will be responsible for supervising swimmers, minimizing dangers, educating facility users about safety, enforcing rules and regulations, providing assistance, and, if necessary, performing rescues. I understand the importance of my duties as a certified lifeguard to protect and save lives.

Yes ☐ No ☐

I understand that my job will include keeping facilities clean at all times, including taking out trash, cleaning the pool, and cleaning bathrooms, picking trash up from the floor or grass area, picnic tables and tent areas, and keeping the lifeguard and snack shack areas neat and orderly.

Yes ☐ No ☐

**I understand that by accepting the job, I am committing to it for the full pool season, which runs from Memorial Day weekend through Labor Day. *(Special circumstances will be considered on an individual basis)*

Yes ☐ No ☐

Signed:	Date:
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Section 7 Declaration

I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place my potential employment in jeopardy.

Signed:	Date:
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Completed form must be postmarked/received by April 30th for the 2021 season.

Mail to (must be postmarked by April 30):
Ben Franklin Swim Club – Lifeguard
P.O. Box 6371
Lawrenceville, NJ 08648
or Email to (must be received by April 30):
info@benfranklinswimclub.com