



HBC 2026 LIFEGUARD EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer and do not discriminate on the basis of age, race, sex, sexual orientation, gender identity, creed, color, national origin, ancestry, marital status, protected veterans, disability or any other characteristic protected by law. All employment related decisions are based solely on relevant criteria including experience and suitability.

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone number: [Cell] _____

Eligible Start Date: _____ Eligible Stop Date: _____

Are you eligible for employment for the total summer? [] Yes [] No If No, why? _____

Dates not available to work: ____/____/____ ____/____/____ ____/____/____

If you are under 18 and it is required, can you furnish a work permit? ____ If No, please explain: _____

List Lifeguard Certifications:

1) _____

2) _____

3) _____

Are you CPR Certified? [] Yes [] No If Yes, when? ____/____/____

Have you worked as a Lifeguard before? [] Yes [] No If Yes, when? ____/____/____

Have you ever been employed at HBC before? [] Yes [] No If Yes, when? ____/____/____

Type of employment desired: Full-Time: _____ Part-Time: _____ Temporary: _____

College-age Lifeguards: Please advise your last day of employment: _____

Type of position desired (Please check all that apply) :

Lifeguard: _____

Head Lifeguard: _____

Pool Director: _____

LIFEGUARD EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent.

Pool Name Address / Phone	Position Title	Supervisor's Name	Reason for Leaving

REFERENCES:

List three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone number	# Years Known

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company.
2. I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations, or organizations from furnishing such information.
3. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the company reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.
4. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.
5. I understand it is this Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation unless doing so is an undue hardship for the Company.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ **Date** _____