



15 Day Street, East Stroudsburg, PA 18301
 Call 570-426-1512 Fax 570-426-1839 Visit www.srosrc.org

Aquatic Employment Application

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Cell _____ Email _____ T-Shirt Size: _____

Position(s) Applying For: *(check all applicable)*

- Lifeguard Water Safety Instructor (WSI) Tower Aide/Maintenance (Dansbury Pool only)
 Swim Program Coordinator

Returning? Yes No **Previous Position** _____

Commitment Check all that apply

- Outdoor Aquatics** – Stroudsburg Borough Pool/Dansbury Park Pool
 Indoor Aquatics– Chipperfield Elementary School/other

Please explain any conflicts: _____

Education

<i>School</i>	<i>Field of Study/Degree</i>	<i>Graduation</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience

Employer _____ From _____ To _____
 Position/Duties _____ Supervisor _____
 Phone/Email _____ Reason for leaving _____

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 Position/Duties _____ Supervisor _____
 Phone/Email _____ Reason for leaving _____

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 Position/Duties _____ Supervisor _____
 Phone/Email _____ Reason for leaving _____

Program Experience/Skills

1. Have you ever worked in an aquatic setting? Yes No; List years of experience and dates:

_____ Position(s): _____

Describe your aquatic work experience:

2. Swim Program Coordinator: Describe experience managing an aquatic program, overseeing pool operations, and supervisory duties performed:

3. Lifeguard: Have you ever had to perform a water rescue? Yes No; Please explain:

4. Water Safety Instructor: Select levels taught (check all that apply):

Infant/Preschool Levels 1/2 Levels 3/4 Levels 5/6

5. Please list any languages other than English that you speak and describe your fluency:

Required Certifications and Clearances

All certifications and clearances must remain valid during employment and a copy must be provided prior to the start of employment.

Please note: American Red Cross *Shallow Water lifeguard* certification is not accepted for employment

Certifications: (attach copies of all certifications)

<input type="checkbox"/> Lifeguard Training/First Aid (American Red Cross)	Expiration Date: _____
<input type="checkbox"/> CPR for the Professional Rescuer (American Red Cross)	Expiration Date: _____
<input type="checkbox"/> Water Safety Instructor (American Red Cross)	Expiration Date: _____
<input type="checkbox"/> Other _____	

Clearances: (submit a copy of each clearance certificate, applicant responsible for clearance expenses)

Have you ever been convicted of a felony? Yes No: If yes, please explain:

- PA Child Abuse Clearance visit www.compass.state.pa.us/cwis
- PA Criminal Record Check for Employment visit <https://epatch.state.pa.us/>
- FBI Fingerprint Check visit <https://www.pa.cogentid.com/index.htm> (Dept. of Human Services)

References

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature _____ Date: _____

Please return application with photocopied certifications to the Day Street Community Center