



**ST. CLAIR
COLLEGE**

AQUATIC SERVICES

Application Form



Please fill in all areas of this application. You must also submit a copy of all your qualifications in the appropriate boxes of this form (Please tape them in the boxes). You may attach a resume in addition to completing this application. **If you have met all the requirements, you will be contacted for an interview via email.** You must provide an email address on this application. Please PRINT CLEARLY in black or blue ink only.

Interviews: **TBA**

PERSONAL INFORMATION:

First Name: _____ Last: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #1: _____ Telephone #2: _____

Birthdate (MM/DD/YY): _____ SIN # _____

St. Clair College Student Number: _____ Program: _____

Email Address: _____

Email Address: _____

EDUCATION:

	Name / Location	Program
High School		
College		
University		

EMPLOYMENT:

Company	Duties	Length of Employment	Reason for leaving

St. Clair College Department of Athletics & Recreation
QUALIFICATIONS

NAME:		PHONE:	
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<p style="font-size: 1.5em; margin: 0;">LSS NLS</p> <p style="margin: 10px 0 0 0;">Re-certification Date (if expired): _____</p> <p style="margin: 0 0 0 0;">Certification valid for 2 years from date of issue</p>	<p style="font-size: 1.5em; margin: 0;">LSS LIFESAVING INSTRUCTOR</p> <p style="margin: 10px 0 0 0;">Re-certification Date (if expired): _____</p> <p style="margin: 0 0 0 0;">Certification valid for 2 years from date of issue</p>
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<p style="font-size: 1.5em; margin: 0;">STANDARD FIRST AID</p> <p style="margin: 10px 0 0 0;">Re-certification Date (if expired): _____</p> <p style="margin: 0 0 0 0;">Certification valid for 2 years from date of issue</p>	<p style="font-size: 1.5em; margin: 0;">RC WATER SAFETY INSTRUCTORS</p> <p style="margin: 10px 0 0 0;">Re-certification Date (if expired): _____</p> <p style="margin: 0 0 0 0;">Certification valid for 2 years from date of issue</p>
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<p style="font-size: 1.5em; margin: 0;">CPR BASIC RESCUER LEVEL 'C'</p> <p style="margin: 10px 0 0 0;">Re-certification Date (if expired): _____</p> <p style="margin: 0 0 0 0;">Certification valid for 1 year from date of issue</p>	<p style="font-size: 1.5em; margin: 0;">DRIVER'S LICENSE OR BIRTH CERTIFICATE</p>
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I certify that of the statements made by myself on this form are true, and with the knowledge and understanding that if it is found that I have falsified this form, such will constitute full and sufficient eradication of this form.

DATE:		APPLICANT SIGNATURE:	
SUPERVISOR SIGNATURE:			

St. Clair College Department of Athletics & Recreation QUALIFICATIONS

NAME:		PHONE:	
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<p style="text-align: center; font-size: 1.2em; font-weight: bold;">DEFIBRILLATION</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 1 year from date of issue</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">LSS ADVANCED INSTRUCTORS</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">BRONZE CROSS EXAMINER STATUS</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">OTHER EXAMINER STATUS</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">LSS SWIM INSTRUCTOR</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">OTHER</p>

I certify that of the statements made by myself on this form are true, and with the knowledge and understanding that if it is found that I have falsified this form, such will constitute full and sufficient eradication of this form.

DATE:		APPLICANT SIGNATURE:	
SUPERVISOR SIGNATURE:			