



AQUATIC SERVICES

Employment 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). Additional information is available on the website at www.stclaircollege.ca/aquatics. 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.

Application Deadline: Friday, April 17, 2020

Interview Date: To be determined

Deliver To: Room 280a

Interview Time: TBD

PERSONAL INFORMATION:

First Name: _____ Last: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #1: _____ Telephone #2: _____

Birthdate (MM/DD/YYYY): _____

St. Clair College Student #: _____ Program: _____

Email Address: _____

Email Address: _____

EDUCATION:

	Name / Location	Program
High School		OSSD
College		
University		

EMPLOYMENT:

Company	General Duties	Length of Employment	Reason for leaving or Notes

AQUATIC EXPERIENCE: (Please list details with Dates)

AQUATIC VOLUNTEER EXPERIENCE (Not including Certification Requirements):
(Please list details with dates.)

Please tell us why you would like to work at St. Clair College for Aquatic Services:

AQUATIC RELATED REFERENCES (Must have given permission to include):

	NAME	RELATIONSHIP	CONTACT NUMBER
1.			
2.			
3.			

St. Clair College Department of Athletics & Recreation
QUALIFICATIONS – Please photocopy awards and affix them to the corresponding square

NAME:		LSS ID #:	
SCC ID #:		RC ID #:	

<p style="font-size: 1.2em;">Lifeguard Certificate LSS or Red Cross Mandatory Qualification for Employment</p> <p>Re-certification Date (if expired):_____</p> <p>Certification valid for 2 years from date of issue</p>	<p style="font-size: 1.2em;">Red Cross Water Safety Instructor</p> <p>Re-certification Date (if expired):_____</p> <p>Certification valid for 2 years from date of issue</p>
<p style="font-size: 1.2em;">STANDARD FIRST AID Mandatory Qualification for Employment</p> <p>Re-certification Date (if expired):_____</p> <p>Certification valid for 2 years from date of issue</p>	<p style="font-size: 1.2em;">CPR Basic Rescuer Level “C”</p> <p>Re-certification Date (if expired):_____</p> <p>Certification valid for 1 year from date of issue</p>
<p style="font-size: 1.2em;">LSS Lifesaving Instructor</p> <p>Re-certification Date (if expired):_____</p> <p>Certification valid for 2 years from date of issue</p>	<p style="font-size: 1.2em;">LSS Emergency First Aid Instructor</p> <p>Re-certification Date (if expired):_____</p> <p>Certification valid for 2 years from date of issue</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:			

St. Clair College Department of Athletics & Recreation

QUALIFICATIONS

NAME:		LSS ID #:	
SCC ID #:		RC ID #:	

<p style="text-align: center; font-size: 1.2em;">Proof of Age (Birth Certificate, Health Card, or Driver's License)</p> <p style="text-align: center;">Mandatory Qualification for Employment</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: 1.5em;">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;">Bronze Examiner</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: 1.5em;">LSS ADVANCED INSTRUCTORS</p>
<p style="text-align: center; font-size: 1.5em;">AQUATIC SUPERVISOR TRAINING</p>	<p style="text-align: center; font-size: 1.5em;">HIGH FIVE</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:			