

**LITTLE DIPPER: LIFEGUARD/SWIM INSTRUCTOR  
EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: home \_\_\_\_\_ cell: \_\_\_\_\_ email: \_\_\_\_\_

Date available to start: \_\_\_\_\_ End date: \_\_\_\_\_

Please circle the answers that applies:

Are you a citizen of the United States: Yes  No

Type of employment desired per week:

full time (40 hours)  part time (20 hours or less)  swimming lessons

Have you been a lifeguard before? Yes  No

Have you taught swim lessons before? Yes  No

Do you have current lifeguard, first aid and CPR certifications? Yes  No

If no, will you have current certifications before the beginning of the swim season?

Yes  No

If yes, when will the class be held \_\_\_\_\_

Are you certified in WSI? Yes  No

Would you be interested in teaching swim lessons? Yes  No

Summarize the skills, certifications, and aptitudes you possess that qualify you for a lifeguard and/or swim instructor position.

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**EDUCATION:**

High School: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? Yes  No

College or University: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? Yes  No

Degree or Declared Major: \_\_\_\_\_

**REFERENCES:**

Please include the names, addresses and telephone numbers of two people to whom you are not related and whom you have not been employed.

## Reference 1:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Address:  
\_\_\_\_\_  
City:  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Reference 2:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Address:  
\_\_\_\_\_  
City:  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

## Reference 1:

Name of employer: \_\_\_\_\_ Phone number: \_\_\_\_\_ Address:  
\_\_\_\_\_  
City:  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Position held:  
\_\_\_\_\_  
Dates of employment: From  
(month/day/year) \_\_\_\_\_ to \_\_\_\_\_ Responsibilities:  
\_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_

## Reference 2:

Name of employer: \_\_\_\_\_ Phone number: \_\_\_\_\_ Address:  
\_\_\_\_\_  
City:  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Position held:  
\_\_\_\_\_  
Dates of employment: From  
(month/day/year) \_\_\_\_\_ to \_\_\_\_\_ Responsibilities:  
\_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_

I certify that my answers are true and correct to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, education, or other related matters as may be necessary for an employment decision. In the event I am employed, I understand that false or misleading information given in my application or interview may result in discharge. I certify that I have read the Little Dippers Employee Drug Free Workplace Policy and Employee Contract and I know I will be required to sign and adhere to these policies if offered a position.

Signature of application: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SEND COMPLETED APPLICATION TO ANNA LANGER:**

Scan and email to:

annamarylanger@gmail.com

Little Dipper Pool  
Commitment to a Drug-Free Workplace

**Statement of Policy**

To maintain a drug-free workforce and to eliminate the safety risks, inefficiencies, and reduce productivity that result from the use and influence of alcohol and/or drugs in the workplace, the Little Dipper Swimming Pool has adopted this Commitment to a Drug-Free Workplace Policy.

The manufacturing, distribution, dispensation, possession, or use of any illegal drug, alcohol, or controlled substance while on premises is strictly prohibited. It is a condition of employment that the Little Dipper Pool employees refrain from reporting to work or working with the presence of illegal drugs or alcohol in their bodies. Employees in violation of this policy are subject to appropriate disciplinary action, up to and including termination of employment.

It is the responsibility of all Little Dipper Pool employees to report violations, enforce the rules, and implement this policy. Violation of this policy by employees injured at work may also result in forfeiture of eligibility for workers' compensation medical/indemnity and loss wage benefits.

**Under what circumstances will the Little Dipper Pool conduct testing?**

**Reasonable Suspicion:** "Reasonable suspicion testing" means testing based on a belief that certain associates are using or have used drugs or alcohol in violation of this policy. Reasonable suspicion is drawn from specific objectives and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:

- \* Observable activities while at work or at work related functions

- \* Sleeping on the job
- \* Direct observation of drug or alcohol use or of the physical symptoms or manifestations of being under the influence of drugs or alcohol
- \* Abnormal conduct or erratic behavior while at work, or a significant deterioration in work performance
- \* A report of drug or alcohol use, provided by a reliable and credible source    \* Evidence of tampering with a drug test during employment
- \* Information that associates have caused, contributed to, or been involved in accidents while at work, or outside of work that is a direct result of being under the influence    \* Evidence that associates have used, possessed, sold, solicited, or transferred drugs while working
- \* Associates who report for work visibly impaired or unable to properly perform their required duties will not be allowed to work

Note: A doctor's note may be requested to confirm a prescription. Abuse of prescription drugs will not be tolerated. If you are taking any prescription drugs that affect your ability to do your job you must immediately report it to your supervisor.

Suspected employees will be spoken to privately by their supervisor or board member about the situation and will be required to comply with the requirements presented during the conversation. Appearance for testing within a given time frame is mandatory and a condition of continued employment. If necessary, employees will be driven to the testing site and returned by a supervisor or board member. In the event the employee is determined to be impaired or are otherwise unable to drive,

alternative transportation to their residence or other appropriate location will be made available. Under-age employee's parents will be notified of all proceedings.

#### Random Testing

The Little Dipper Pool reserves the right to implement random testing for employees at any time. Should random testing be conducted, employees may be selected periodically throughout the season using a random selection method. Upon selection, employees will be notified by their immediate supervisor. Employees will be directed to appear for testing no later than 24 hours from the time of the notice, with instructions, and directions to the nearest testing facilities. Appearance for testing within the time frame is mandatory and a condition of continued employment. Supervisors of employees selected at random are required to allow the time necessary for employees to leave work to appear for testing. In most cases this should be accomplished by the end of business on the day the notice is received. Employees who are unable to provide a specimen will be considered to have refused to test.

#### What are the consequences of positive test results?

Employees who refuse to submit to testing, dilute, tamper with or substitute a specimen, or test positive as the result of a positive, confirmed test will be subject to termination of employment.

I, \_\_\_\_\_ (employee) certify that I have read the Little Dipper Pool's Drug Policy and am subject to testing for the presence of drugs, whether by random testing or cause for suspicion. I understand a positive test will result in immediate termination. I understand that my parent(s) or legal guardian(s) will be entitled to be informed, upon written request and confirmation of identity, or any test results. I understand that any and all test results shall be kept confidential.

#### Parent/Legal Guardian Consent

I, \_\_\_\_\_ (parent or legal guardian), do understand that my minor child (under 18 years of age) may be required to submit testing for the presence of drugs, and my consent is hereby given to my minor child to be tested, whether by random testing or cause for suspicion. I also understand that my minor child will be subject to all provisions, conditions and procedures of this policy. I understand that any and all test results shall be kept confidential and will be available to parent/legal guardians upon written request and confirmation of identity.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_