



**APPLICATION for LIFEGUARD / SWIMMING / FITNESS / INSTRUCTOR**

Please Print Legibly

**YOU MUST CURRENTLY BE A FULL-TIME U.B.C. STUDENT TO BE ELIGIBLE FOR EMPLOYMENT**

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

Last Name: \_\_\_\_\_ Given Name & Initial: \_\_\_\_\_  Male  Female

Permanent Address & PC: \_\_\_\_\_

Local Address & PC: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SIN#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

**Qualifications** - Please submit photocopies **must be current (2 years from qualification date) unless noted**

	YES	NO	
Are you <i>currently</i> a full-time U.B.C. STUDENT?	<input type="checkbox"/>	<input type="checkbox"/>	Student Number _____
			Faculty / Year: _____
Do you hold a <i>current</i> N.L.S. (Pool option)?	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Do you hold a <i>current</i> CPR 'C' Award (1 year certification)?	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Do you hold a <i>current</i> Red Cross WATER SAFETY INSTRUCTOR Award?	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Are you a BCRPA Aquacize Instructor?	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Are you a BCRPA Fitness (Group) Instructor?	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Are you a YOGA Instructor?	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Are you a BCRPA Weight/Strength/Personal Training Instructor?	<input type="checkbox"/>	<input type="checkbox"/>	Expiry Date: _____
Are you an Instructor-Trainer / Examiner for any levels?	<input type="checkbox"/>	<input type="checkbox"/>	List Qualifications: _____
Do you hold any other Aquatic-related awards? (i.e. Springboard Diving, PADI / NAUI, Kayaking, CPR / First Aid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	List Qualifications: _____ _____

<i>Lifeguard Experience</i>	<i>Location</i>	<i>Years</i>
Pool		
Beach		
Other		

**Education and Training**

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Grade or Year Complete</u>	<u>Major Course of Study</u>
Secondary_____				
_____				
College/University_____				
_____				
Other_____				
_____				

**References**

<u>Name</u>	<u>Address</u>	<u>Position</u>	<u>Phone Number</u>
_____			
_____			
_____			

*\* Please fill out attached class/course schedule per your availability.*

**Present and Previous Employment**

*(It is not necessary to fill out this section if you are attaching a resumé)*

**(1)**  
Present or Last Employer's Company Name:\_\_\_\_\_

Address:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Type of Position you hold/held:\_\_\_\_\_ Date(s) of Employment:\_\_\_\_\_

Duties:\_\_\_\_\_

Reference to Contact:\_\_\_\_\_

**(2)**  
Present or Last Employer's Company Name:\_\_\_\_\_

Address:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Type of Position you hold/held:\_\_\_\_\_ Date(s) of Employment:\_\_\_\_\_

Duties:\_\_\_\_\_

Reference to Contact:\_\_\_\_\_

**Work Availability**

**Indicate Class Schedule**

**Term**

<b>TIME</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
7 - 8 am							
8 - 9 am							
9 - 10 am							
10 - 11 am							
11 - 12 pm							
12 - 1 pm							
1 - 2 pm							
2 - 3 pm							
3 - 4 pm							
4 - 5 pm							
5 - 6 pm							
6 - 7 pm							
7 - 8 pm							
8 - 9 pm							
9 - 10 pm							
10 - 11 pm							
11 - 12 am							

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