ALLEGHENY COUNTY
DEPARTMENT OF PARKS

Please complete the following form along with the Summer Employment Application. This information will help in speeding up the hiring process.

NAME _____ DATE OF BIRTH _____-_____-19_____

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE # ( ) _____-_____ SOCIAL SECURITY # _____-_____-_____

E-MAIL ADDRESS_____

What type of lifeguard certification do you have (Red Cross, YMCA or other)? _____

_____

Where and when did you receive your most current life guarding certification?

LOCATION _____ DATE RECEIVED _____-_____-_____

What type of C.P.R. certification do you have (Red Cross, other)? _____

_____ DATE RECEIVED _____-_____-_____

How many years have you been a lifeguard? _____

Have you ever worked as a County lifeguard? _____ If yes, please give location and date(s). _____

If you have not worked for the County, do you have any other lifeguarding experience? _____ If yes, please give location and date of employment. _____

Do you have any other certifications or skills that would aid you in fulfilling your duties as a County lifeguard (use back if necessary)? _____

_____

I HEREBY STATE THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____