

CHENAL VALLEY POA POOL-LIFEGUARD APPLICATION

PLEASE COMPLETE AND RETURN APPLICATION FORM TO:

Pool Manager: poolmanager@chenalpoa.com

NAME: _____ DATE _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL _____

ARE YOU UNDER THE AGE OF 18? YES ___ NO ___ IF YES, PROVIDE DATE OF BIRTH _____ IF YES, PLEASE PROVIDE NAME OF PARENT OR GUARDIAN: _____

EDUCATION:

NAME OF HIGH SCHOOL _____

HIGHEST GRADE COMPLETED: 9TH 10TH 11TH 12TH HAVE YOU GRADUATED YES OR NO

NAME OF COLLEGE: _____

MAJOR: _____ HIGHEST LEVEL COMPLETED _____

LIST ANY AWARDS RECEIVED OR VOLUNTEER ACTIVITIES IN WHICH YOU HAVE PARTICIPATED: _____

LIST PREVIOUS LIFEGUARD EXPERIENCE:

BUSINESS	SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER
A. _____	_____	_____
B. _____	_____	_____

DATES WORKED FROM/TO FOR BUSINESS A. _____

DATES WORKED FROM/TO FOR BUSINESS B. _____

CIRCLE ALL THAT YOU CURRENTLY POSSESS: LIFEGUARD CERTIFICATION, CPR, FIRST AID CERTIFICATION. PLEASE PROVIDE A **COPY** OF THE FRONT AND BACK OF YOUR SIGNED CARDS. IF YOU DO NOT HAVE, WHEN DO YOU ANTICIPATE HAVING THE REQUIRED CERTIFICATION? _____. THESE CERTIFICATIONS ARE A CONDITION OF EMPLOYMENT FOR LIFEGUARDS.

LIST PREVIOUS WORK EXPERIENCE:

BUSINESS A.

A. _____

SUPERVISOR'S NAME & PHONE NUMBER

A. _____

DATES WORKED FROM/TO

A. _____

BUSINESS B.

B. _____

SUPERVISOR'S NAME & PHONE NUMBER

B. _____

DATES WORKED FROM/TO

B. _____

APPLYING FOR: FULL TIME: _____ PART TIME: _____

DATE YOU ARE AVAILABLE TO START WORK: _____

PLEASE STATE AS MUCH INFORMATION AS POSSIBLE ABOUT DATES FOR SCHEDULED TRIPS, CAMPS, PRE-SCHOOL, ATHLETIC OR CHEERLEADING PRACTICE, DATES YOU ARE LEAVING TO GO TO COLLEGE, SUMMER SCHOOL OR OTHER SCHEDULED EVENTS THAT WILL CONFLICT WITH OUR WORK SCHEDULE: _____

WE WORK MEMORIAL DAY, JULY 4TH, AND LABOR DAY. WILL YOU BE AVAILABLE TO WORK ON THESE DAYS? _____

WILL YOU BE WORKING ANOTHER JOB WHILE EMPLOYED BY CHENAL VALLEY POA?

YES _____ NO _____

LIST ANY SPECIAL ABILITIES OR TRAINING YOU MAY HAVE, SUCH AS WORKING WITH A SWIM TEAM; WATER PLAY-DAY OR WATER FESTIVALS: _____

LIST ALL WORK OR VOLUNTEER EXPERIENCE YOU MAY HAVE WITH YOUTH AND CHILDREN: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF A LIFEGUARD EITHER WITH OR WITHOUT A REASONABLE ACCOMMODATION? YES _____ NO _____

IS THERE ANY REASON YOU COULD NOT BE AT WORK ON TIME & WHEN SCHEDULED:
YES _____ NO _____

HAVE YOU EVER BEEN TERMINATED FROM AN EMPLOYER? YES _____ NO _____ IF SO, WHERE WERE YOU EMPLOYED & WHY WERE YOU TERMINATED?

LIST OF REFERENCES, OTHER THAN FAMILY MEMBERS:

NAME	ADDRESS	PHONE
A.	_____	_____
B.	_____	_____

ACKNOWLEDGEMENTS:

IF I BECOME AN EMPLOYEE OF CHENAL VALLEY POA I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. THE POOL AREA AND ALL POOL ACTIVITIES ARE TOTALLY DRUG, ALCOHOL, AND TOBACCO FREE.
2. I WILL BE SUBJECT TO A POST-OFFER ILLEGAL SUBSTANCE DRUG SCREEN.
3. THE POOLS & PARKS ARE FAMILY FACILITIES OWNED BY THE CHENAL VALLEY PROPERTY OWNERS ASSOCIATION, WHICH MUST BE MAINTAINED AS A PLEASANT AND SAFE FAMILY ENVIRONMENT.
4. THE MANAGER RESERVES THE RIGHT TO DETERMINE MY ABILITY TO PERFORM MY JOB AND RESPONSIBILITIES.
5. I WILL BE DEPENDABLE AND ON TIME FOR MY SCHEDULED WORK SHIFT. I WILL NOTIFY MY POOL MANAGER IN A TIMELY MANNER IF I AM UNABLE TO REPORT FOR MY SCHEDULED SHIFT.
6. ALL REQUIRED EMPLOYMENT FORMS MUST BE COMPLETED AND/OR PROVIDED PRIOR TO PERFORMING ANY WORK.
7. I HAVE RECEIVED AND READ THE CHENAL VALLEY POA LIFEGUARD POST OFFER/PRE-HIRE PACKET.

I HERBY STATE THAT ALL FACTS GIVEN ARE CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION ON MY PART IS CAUSE FOR DENIAL OR TERMINATION OF EMPLOYMENT.

SIGNATURE: _____ DATE _____

CHENAL VALLEY PROPERTY OWNERS ASSOCIATION IS AN EQUAL OPPORTUNITY EMPLOYER & A DRUG FREE WORKPLACE.

CHENAL VALLEY PROPERTY OWNERS ASSOCIATION IS A SMOKE-FREE WORKPLACE AND COMPLIES WITH THE ARKANSAS CLEAN INDOOR AIR ACT OF 2006.

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