

## APPLICATION FOR POOL LIFEGUARD

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

Telephone: \_\_\_\_\_

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

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

Years of Previous Experience \_\_\_\_\_ if no previous experience check here \_\_\_\_\_

Name of Company Worked for: \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Return this Application along with a copy of your current Lifeguard Certificate to the address below.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Your Name)

Return To: LaSalle Golf and Country Club  
P.O. Box 2736  
Jena, LA 71342

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