



**Region of Queens Municipality**  
**Recreation Department**  
**2026 Application for Aquatic Employment**

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

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

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

**Email:** \_\_\_\_\_

**Preferred Communication Method:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_ **Text**

Please indicate the position(s) you are applying for:

**North Queens Aquatic Centre**

- \_\_\_ Supervisor (1 position) Aquatic experience preferred.
- \_\_\_ Assistant Supervisor (1 position) Aquatic experience preferred.
- \_\_\_ Swim Instructor & Lifeguard (2 positions)

**South Queens Outdoor Pool** (Stay Tuned for the Official Name)

- \_\_\_ Supervisor (1 position) Aquatic experience preferred.
- \_\_\_ Assistant Supervisor (1 position) Aquatic experience preferred.
- \_\_\_ Swim Instructor (full-time, part-time and casual positions available)

I am interested in: \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ casual

\_\_\_ Lifeguard (full-time, part-time and casual positions)

I am interested in: \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ casual

When will you be available to start work? Date: \_\_\_\_\_

Are you available to work after August 31/26? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are available after August 31/26, when would you be available to work?

All aquatic positions are seasonal in nature. Vacation pay is paid out in addition to the hourly rate of pay, which means there is no paid time off included during the term of employment. Any approved time off requests during the term of employment are without pay and based on the availability of other certified staff to provide the required supervision. If no certified staff are available to cover time off requests to ensure the pool remains operational, time off requests will not be approved.

Do you know of any days during July and August that you would be requesting more than two days off in a row? (list dates) \_\_\_\_\_

If you were offered a position and it required you to work between North Queens Aquatic Centre and South Queens Outdoor Pool, is that something you would agree to?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Work History (start with most recent)**

**Job Title:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Immediate Supervisor & Position: \_\_\_\_\_

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

From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

**Job Title:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Immediate Supervisor & Position: \_\_\_\_\_

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

From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

**Aquatic Certifications**

Note: Proof of Certifications Required – Applications WILL NOT be processed without the following proof of certification information (ie. submit copies of certification cards).

I am currently National Lifeguard (NL) – Pool, Swim for Life Instructor and Intermediate First Aid/CPR C & AED certified up to and including October 15, 2026.

I am not and will not be fully certified as National Lifeguard (NL) – Pool, Swim for Life Instructor and/or Intermediate First Aid/CPR C & AED up to and including October 15, 2026. Certification(s) I will not hold, or that expire, during this timeframe, include (please list with course names and expiry dates where applicable):

\_\_\_\_\_  
\_\_\_\_\_

**NS Lifesaving Society: Swim for Life Instructor**

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

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

Course/Exam Date: (if not certified) \_\_\_\_\_

Recert Date: (if applicable prior to Oct. 15/26) \_\_\_\_\_

Member Number: \_\_\_\_\_

**NS Lifesaving Society: National Lifeguard (NL) – Pool Option**

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

Course/Exam Date: (if not certified) \_\_\_\_\_

Recert Date: (if applicable prior to Oct. 15/26) \_\_\_\_\_

Member Number: \_\_\_\_\_

**First Aid, CPR & AED Certification**

First Aid/CPR Level: \_\_\_\_\_

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

Recert Date: (if applicable prior to Oct. 15/26) \_\_\_\_\_

**NS Lifesaving Society - Bronze Cross**

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

Member Number: \_\_\_\_\_

**Other Relevant Certifications (ie. Lifesaving Instructor, NLS/SFA Instructor, AquaFit Instructor, WHMIS, First Aid Instructor, Examiner, NL – Waterfront, NL – Surf, etc.)**

Certification: \_\_\_\_\_

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

**Would you be willing to obtain additional aquatic certifications?**

Please list the certifications you would be interested in obtaining if available:

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**Please Note:**

**Proof of Certifications Required – Applications WILL NOT be processed without proof of current certification information (ie. copies of certification cards). Holding and maintaining current certification is the responsibility of the applicant; including obtaining recertification courses required for employment.**

**If you are hired for seasonal aquatic employment, what size clothing would you need? (ie. XS, S, M, L, XL, XXL)**

\_\_\_\_\_ Tank Top \_\_\_\_\_ UV Protectant Long Sleeve Shirt \_\_\_\_\_ Hoodie

## References

Please name two persons who know of your work and who we may contact (no relatives):

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

Occupation: \_\_\_\_\_

Organization: \_\_\_\_\_

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

How many years have you known this person? \_\_\_\_\_

In what capacity do you know them? \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Organization: \_\_\_\_\_

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

How many years have you known this person? \_\_\_\_\_

In what capacity do you know them? \_\_\_\_\_

I hereby certify that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Submit completed application forms to:

Option 1: Email: [jobs@regionofqueens.com](mailto:jobs@regionofqueens.com) with subject line "Aquatic Employment"

Option 2: In Person: Queens Place Emera Centre, 50 Queens Place Drive Liverpool, N.S. in an envelope marked with "Aquatic Employment" c/o Pyper Wilms

Deadline to apply: May 8, 2026