



**Region of Queens Municipality  
Recreation & Healthy Communities Department  
2024 Application for Aquatic Employment**

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

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

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

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

Please indicate the position(s) you are applying for, in order of preference (ie. #1, #2, #3, etc.):

**\* Please note that all positions are tentative pending the 2024/2025 budget process\***

**Supervisory**

\_\_\_ Aquatics Coordinator (1 x 13-week position)

**North Queens Aquatic Centre**

\_\_\_ Supervisor (1 x 11-week position)

\_\_\_ Instructor/Lifeguard (2 x 9-week positions)

**Milton Centennial Pool**

\_\_\_ Supervisor (1 x 11 week position)

\_\_\_ Assistant Supervisor (1 x 10 week position)

\_\_\_ Instructor/Lifeguard (2 x 9-week positions)

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

**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 First Aid/CPR C & AED certified up to and including September 1, 2024.

I am not and will not be fully certified as National Lifeguard (NL) – Pool, Swim for Life Instructor and/or First Aid/CPR C & AED up to and including September 1, 2024.

Certification(s) I will not hold or that expire during this timeframe, include (please list):

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

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

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

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

Recert Date: (if applicable prior to Sept. 1/24) \_\_\_\_\_

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

### **Lifesaving Society: National Lifeguard (NL) - Pool**

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

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

Recert Date: (if applicable prior to Sept. 1/24) \_\_\_\_\_

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

### **First Aid, CPR & AED Certification**

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

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

Recert Date: (if applicable prior to Sept. 1/24) \_\_\_\_\_

### **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 which 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.**

**References**

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

**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:

Email: [mroberts@regionofqueens.com](mailto:mroberts@regionofqueens.com)

In Person: Region of Queens Municipal Building, 249 White Point Rd. Liverpool, N.S.