



**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.):

Supervisory

___ Aquatics Coordinator (1 x 13-week position)

North Queens Aquatic Centre

___ 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):

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:

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

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

Deadline to Apply: Monday, May 6 @ 12:00noon