Region of Queens Municipality

Recreation & Healthy Communities Department

2023 Application for Aquatic Employment

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Please indicate position(s) applying for, in order of preference:

☐ Aquatics Coordinator

North Queens Aquatic Centre

☐ Supervisor
☐ Instructor/Lifeguard
☐ Instructor/Lifeguard (part time)

Milton Centennial Pool

☐ Supervisor
☐ Assistant Supervisor
☐ Instructor/Lifeguard

** Please note that all positions are tentative pending the 2023/2024 budget process**

When will you be available to begin work?_____

Work History (start with most recent)

Job Title: _____

Name of Organization: _____

Name of Immediate Supervisor & Position:_____

Mailing Address:_____

Telephone Number: _____

From (month/year):_____ To (month/year):_____

Job Title: _____

Name of Organization: _____

Name of Immediate Supervisor & Position:_____

Mailing Address:_____

Telephone Number: _____

From (month/year):_____ To (month/year):_____

Aquatic Certifications

Certifications Required – Applications WILL NOT be processed without the following certification information.

☐ I am currently National Lifeguard Service – Pool, Swim for Life Instructor and First Aid/CPR certified up to and including September 1, 2023.

☐ I am not and will not be fully certified as National Lifeguard Service – Pool, Swim for Life Instructor and/or First Aid/CPR up to and including September 1, 2023. Certification(s) I will not hold 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) _____

Member Number: _____

Lifesaving Society: National Lifeguard - Pool

Certification Date: _____

Course/Exam Date: (if not certified) _____

Recert Date: (if applicable) _____

Member Number: _____

First Aid with CPR Certification/AED

First Aid/CPR Level: _____

Certification Date: _____

Recert Date: (if applicable) _____

Lifesaving Society - Bronze Cross

Certification Date: _____

Member Number: _____

Other Relevant Certifications (ie. Life Saving Instructor, AquaFit, WHMIS, First Aid/CPR, Examiner, etc.)

Certification: _____

Certification Date: _____

Would you be willing to obtain additional aquatic certifications? Please list:

_____

_____

_____

Please Note:
Successful applicants will be required to submit a photocopy of all certifications as a term of 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