



ST. CLAIR COLLEGE AQUATIC SERVICES

Employment Application Form



Please fill in all areas of this application. You must also submit a copy of all your qualifications in the appropriate boxes of this form (Please tape them in the boxes). Additional information is available on the website at www.stclaircollege.ca/aquatics. You may attach a resume in addition to completing this application. **If you have met all the requirements, you will be contacted for an interview via email.** You must provide an email address on this application. Please PRINT CLEARLY in black or blue ink only.

Application Deadline: September 7, 2023

Deliver To: Room 2503

Interview Date: To be determined

Interview Time: TBD

PERSONAL INFORMATION:

First Name: _____ Last: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #1: _____ Telephone #2: _____

Birthdate (MM/DD/YYYY): _____

St. Clair College Student #: _____ Program: _____

Email Address: _____

Email Address: _____

EDUCATION:

	Name / Location	Program
High School		OSSD
College		
University		

EMPLOYMENT:

Company	General Duties	Length of Employment	Reason for leaving or Notes

St. Clair College Department of Athletics & Recreation
QUALIFICATIONS – Please photocopy awards and affix them to the corresponding square

NAME:		LSS ID #:	
SCC ID #:		RC ID #:	

<p>Lifeguard Certificate LSS or Red Cross Mandatory Qualification for Employment</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>	<p>LSS SWIM INSTRUCTOR</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>
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<p>STANDARD FIRST AID Mandatory Qualification for Employment</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>	<p>CPR Basic Rescuer Level "C"</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 1 year from date of issue</p>
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<p>LSS Lifesaving Instructor</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>	<p>LSS Emergency First Aid Instructor</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>
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I certify that of the statements made by myself on this form are true, and with the knowledge and understanding that if it is found that I have falsified this form, such will constitute full and sufficient eradication of this form.

DATE:		APPLICANT SIGNATURE:	
SUPERVISOR SIGNATURE:			

St. Clair College Department of Athletics & Recreation
QUALIFICATIONS

NAME:	LSS ID #:
SCC ID #:	RC ID #:

<p>Proof of Age (Birth Certificate, Health Card, or Driver's License)</p> <p>Mandatory Qualification for Employment</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>	<p>HIGH FIVE PHCD</p>
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<p>Bronze Examiner</p> <p>Re-certification Date (if expired): _____</p> <p>Certification valid for 2 years from date of issue</p>	<p>LSS ADVANCED INSTRUCTORS</p>
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<p>AQUATIC SUPERVISOR TRAINING</p>	<p>OTHER</p>
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