

# Job Description

**Job Title: Lifeguard**

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## **GENERAL DESCRIPTION:**

Lifeguards are responsible for ensuring a safe swimming environment and safe swimming conditions in the pool while enforcing all East Bernard City Pool rules and policies; and providing lifesaving skills when necessary

## **ESSENTIAL DUTIES:**

- Maintain active surveillance of the pool area and splash pad.
- Know all emergency procedures and responds in emergency situations immediately.
- Enforce all East Bernard City Pool Rules and Policies.
- Check the pool area for cleanliness and proper function at the beginning of the day. Make sure splash pad is swept to prevent clogging.
- Responsible for daily chores at the pool including bathrooms, office area, green space, and pavilion. Daily Chore sheet will be completed and approved by manager.
- Other duties requested by Pool Manager or City Secretary.

## **EDUCATION, EXPERIENCE, AND CERTIFICATIONS:**

- Must be 16 years of age
- Must be a Certified Lifeguard, CPR & First Aid Certified (Training will be provided)

## **CONDITIONS OF EMPLOYMENT:**

- Drug testing may occur at any time per the East Bernard Personnel Policy

## **PHYSICAL DEMANDS:**

- Must be able to talk and hear
- Must be able to lift fifty (50) pounds or more frequently
- Required to frequently stand, sit, kneel, crouch
- Required to do physical labor for several hours a day

## **WORK ENVIRONMENT:**

- The job is performed outdoors and has a relatively high noise level.

***This job description may change at any time as directed by the Board of Aldermen or City Secretary.***

# City of East Bernard Lifeguard Employment Application

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

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

.....  
In case of emergency contact:

\_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
.....

**Experience:**

\* **Lifeguard Experience?** \_\_\_ yes \_\_\_ no (If yes, please fill out the below.)

Where: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

When: \_\_\_\_\_

\* **Swimming Lesson Experience?** \_\_\_ yes \_\_\_ no (If yes, please fill out the below.)

Where: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

When: \_\_\_\_\_

\* **CPR Training?** \_\_\_ yes \_\_\_ no (If yes, please fill out the below.)

When: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Were you certified by the American Red Cross? \_\_\_ yes \_\_\_ no

Certificate Dates: Issued: \_\_\_\_\_ Expires: \_\_\_\_\_ Cert #: \_\_\_\_\_

\* **First Aid Training?** \_\_\_yes \_\_\_no (If yes, please fill out the below.)

When: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Were you certified by the American Red Cross? \_\_\_yes \_\_\_no

Certificate Dates: Issued: \_\_\_\_\_ Expires: \_\_\_\_\_ Cert #: \_\_\_\_\_

If you are aware of any time off that you will need to take off this summer, please list below. This includes vacations, camps, school functions, 2 -a-days.

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**REFERENCES**

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Address)

**\*\*PLEASE ALSO NOTE THAT ALL APPLICANTS MAY BE SUBJECT TO DRUG TESTING.**

I certify that answers given herein are true and complete. I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date