

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 Dead Interview Date:	lline: September 7, 2023 To be determined		Deliver To: Room 25 Interview Time: The		
PERSONAL INFO	RMATION:				
First Name:	Last:				
Address:					
City:	Province:	Pos	stal Code:		
Telephone #1:	Геlephone #1: Telephone #2:				
Birthdate (MM/DD/Y	(YYY):				
St. Clair College Stud	dent #:	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		

AQU	UATIC EXPERIENCE: (Please list d	letails with Dates)	
	UATIC VOLUNTEER EXPERIENCE ase list details with dates.)	CE (Not including Certification F	Requirements):
Plea	se tell us why you would like to work	k at St. Clair College for Aquatic	Services:
AQU	UATIC RELATED REFERENCES ((Must have given permission to i	nclude):
1.	NAME	RELATIONSHIP	CONTACT NUMBER
2.			
3.			

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 #:	
Man Re-certification	iffeguated Certifficate LSS of Red Cross datory Qualification for Employment Date (if expired): lid for 2 years from date of issue	Re-G	certification Da	VIM INSTRUCTOR The (if expired): For 2 years from date of issue
	j ento 110m anto 01 100m	2011		y - 110 110 110 110 01 1100 01
Man	NDARD FURST' AND datory Qualification for Employment Date (if expired):	Re-G		R Basic Rescuer Level "C"
Certification val	lid for 2 years from date of issue	Certification valid for 1 year from date of issue		
<u>LS</u> S	Lifesaving Instructor		LSS I	Emergency Fürst Aid Instructor
Re-certification Date (if expired): Certification valid for 2 years from date of issue		Re-certification Date (if expired):		
		Certification valid for 2 years from date of issue		
	fy that of the statements made by myself on this a lat I have falsified this form, such will constitute			

APPLICANT SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

St. Clair College Department of Athletics & Recreation **QUALIFICATIONS**

NAME:	LSS ID #:			
SCC ID #:	RC ID #:			
Proof of Age (Birth Certificate, Health Card, or Driver's License Mandatory Qualification for Employment Re-certification Date (if expired):	HIGH FIVE PHCD			
Bronze Examminer Re-certification Date (if expired): Certification valid for 2 years from date of issue	ILSS ADVANCED INSTRUCTORS			
AQUATIC SUPERVISOR TRAINING	OTHER			
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:	
SUPERV	ISOR SIGNATURE:		