

Staff Application

800 Steeprock Drive Toronto, ON M3J 2X2 www.zodiacswim.on.ca Phone: 416.789.1989 x 151 Fax: 416.789.5525 ellen@zodiacswim.on.ca

PERSONAL HISTORY

Water Polo

LAST NAME	T NAME FIRST NAME					
HOME PHONE #		CELL PHONE #				
ADDRESS						
CITY		POSTAL CODE				
EMAIL ADDRESS						
EDUCATION						
CURRENT SCHOOL	CURRENT SCHOOL YEAR					
QUALIFICATIONS (please attach a copy of all your current qualifications)						
Rescue Awards	Certification Date	Instructional Awards	Certification Date			
Bronze Cross		Lifesaving Assistant Instructor				
National Lifeguard		LSS Swim Instructor				
Emergency First Aid CPR-B		Lifesaving Instructor				
Standard First Aid CPR-C		Red Cross WSI				
Which agency issued your first aid certification?	□ LSS □ RC □ ST.J □ CSP	Other:				
RELATED EXPERIENCE Please insert a "1, 2 or 3" in the box next to each activity listed below based on:						
"1" – you are qualified or have extensive expertise to teach or lead "2" – you are proficient or experienced as a participant						
"3" – you are willing and able to participate or you have some skills or interest						
Competitive Swimming		Junior Lifeguard Club	Junior Lifeguard Club			
Lifesaving Sport		Snorkelling	Snorkelling			
Synchronized Swimming		Triathalon	Triathalon			

Other Aquatic Activity:

REFERENCES (please include job related references)

Date Employed	Place of Employment	Your Position	Reference Name	Phone Number		
EXPERIENCE	<u> </u>					
		at would be of benefit to yo	u in the role vou are app	olvina for at Zodiac:		
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				_		
What strengths o	do you bring to the Zodia	c Team?				
				_		
WHERE DID	YOU HEAR ABOU	T I I S 2				
	ty/College/High School	Which one?				
☐ Friend	ty/ conege/ mgm senioor	Who?				
☐ Internet		Which website?				
☐ Other		Willett Website:				
_ 0	-					
The above info	ormation is true and c	orrect.				
Signature			Date			