

Supplemental Job Application

Name: _____
 First Middle Last

Please record any of the following certification information in the space provided. Please include a copy (front & back) of each current certification card that you hold with your application to expedite the application process.

Course Name	Issue Date	Expiration Date	Certifying Agency (e.g.: Red Cross)	Course Location/Instructor
Community First Aid				
First Aid Basics				
Title 22				
Emergency Response				
EMT I				
CPR for the Professional Rescuer or CPR For the Health Care Provider				
Adult CPR				
Child CPR				
Infant CPR				
Lifeguard Training				
Water Safety Instructor				
Please list any other certifications that you currently hold.				

Do you presently have any vacations scheduled or know of any days off that you will need in the next four months? If so please list approximate dates. _____

In the grid provided below, mark out time frames and days that you will be **unable** to work. The A.M. shift is from 9am-12noon, P.M. shift is from 12noon-5pm and the evening shift is from 5pm-9pm approximately. Only list your time constraints that will remain constant. For example if you will be attending summer school it would be appropriate to mark off the AM shift Monday through Friday.

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Evening							

Please list any activities that you have participated in or led or any special skills that you feel would be an asset to you in the position you are applying for. _____
