

FGAC Employment Application

Position: _____

First Name: _____ Last Name: _____

Gender: _____ DOB: _____ T Shirt Size: _____

Current Address: _____

Summer Address: _____

Current Phone: _____ Home Phone: _____

Mobile Phone: _____ Email: _____

Certification Expire Dates:

Lifeguard: _____ First Aid: _____ CPR: _____

Other Certifications: _____

Desired hours per week: _____ Previous Glen Employee: _____

Parents Glen Members: _____ Parents Bond #: _____

First Date Available: _____ Last Date Available: _____

Years Guard: _____

Experience: _____

Date Submitted: _____

Please email to: secretary@farmingtonglen.org

Or mail to: Farmington Glen Aquatic Club, P.O. Box 114, Farmington, MI 48332