CITY OF RILEY

Must be 15 years of age or older by May 22nd

Application for $LIFEGUARD$ position (2024)		
	Date	

Name						
				Phone _		_
City				State	Zip	
EDUCATIO	<u>ON</u>					
High School	1:					
College: What certificher Lifeguard)?	•	·	· ·	ter Safety Instruct	or,	
Hours you a	re available	to work: I a	m seeking a		PART-TIME k one)	position
SUN	MON	TUES	WED	THURS F	RI SAT	
			lieve will mak	te you a good lifeg	guard	
List any extraparticipated			ities in which	-		
References: one year.	Give the na	mes of three	people, not r	elated to you, who	om you have k	nown for at least
Name		Position		Phone Numb	per Years	<u>Acquainted</u>
Signature of	applicant_					

Upon completion of application, please e-mail to bcclerk@cityofriley.com or drop off at the City Office, 222 S. Broadway, Riley, Kansas 66531