

CITY OF RILEY

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

Application for *LIFEGUARD* position (2026)

Date _____

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

EDUCATION

High School:

College:

What certifications do you currently have (i.e., Water Safety Instructor, Lifeguard)? _____

Hours you are available to work: I am seeking a FULL PART-TIME position
(Mark one)

Days you are **NOT** available to work: _____

List the skills you possess that you believe will make you a good lifeguard candidate _____

List any extracurricular school activities in which you have participated _____

References: Give the names of three people, **not related to you**, whom you have known for at least one year.

| <u>Name</u> | <u>Position</u> | <u>Phone Number</u> | <u>Years 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