



## LIFEGUARD

**TOWN OF GORDONSVILLE, VIRGINIA** is currently accepting applications for seasonal part-time Lifeguards for the 2022 swim season at Dix Memorial Pool. Job duties and responsibilities are available upon request and are also on the Town of Gordonsville website at [www.townofgordonsville.org](http://www.townofgordonsville.org).

The ideal candidates should be energetic and motivated. Possession of a valid certificate in American Red Cross (ARC) Lifeguard training, standard First Aid, CPR for Professional Rescuer or equivalent required. Applicants must be at least 16 years of age at the time of application.

Dix Memorial Pool is open from Memorial Day weekend through Labor Day at least four days per week from late May through mid-August and weekends-only after the Orange County public schools summer break. Work will be daytime, some evenings, weekends, and holidays.

Starting salary is \$11/hr. **Application deadline is Friday, April 29, 2022.** Application forms are available at Town Hall and on the Town's website at [www.townofgordonsville.org](http://www.townofgordonsville.org). Completed applications should be sent to: Town of Gordonsville, P.O. Box 276, Gordonsville, Virginia 22942. Inquiries may be emailed to the Town Manager, Deborah Kendall, at [dkendall@gordonsville.org](mailto:dkendall@gordonsville.org), or by calling 540-832-2233. EEO.

## **LIFEGUARD**

**GENERAL STATEMENT OF DUTIES:** Performs responsible work as it pertains to public safety and recreational work in pool operations, assists with the day-to-day operations of Town aquatic facility to include administrative paperwork, preventing injuries, enforcing rules, and effectively communicating with the general public. Position requires the ability to perform rescue techniques and emergency care procedures and the ability to perform all pool maintenance procedures correctly.

**DISTINGUISHING FEATURES OF THE POSITION :** This is highly responsible work. Performs numerous varied tasks to help maximize the efficiency of the Town's aquatic facility. Requires the exercise of considerable judgment in adapting to new work procedures and new situations. Interacts frequently with the public. Work is performed under the general supervision of the Pool Manager.

**ESSENTIAL FUNCTIONS OF POSITION:** *(These are intended only as illustrations of the various types of work performed. The omission of specific duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)*

- Maintains discipline at the swimming pool; announces breaks and ensures compliance.
- Observes actions of swimmers and enforces water safety and pool rules.
- Provides emergency lifesaving services to swimmers in need; ensures that lifeguarding and safety equipment is readily available.
- Cleans pool and related facilities on a regular schedule; performs water and pump house checks and adjusts as needed.
- Opens and/or closes pool facility.
- Performs the required swim test swimmers must take to swim in the deep end of the pool.
- Participates in staff training sessions.
- Assists with swim lessons.
- Works in concession/front area; greets public; answers phone; accounts for general admission fees and concession sales.
- Performs related tasks as necessary.

**REQUIRED SKILLS, KNOWLEDGE AND ABILITIES:** Knowledge of general swimming pool operation, including sanitation, maintenance requirements, safety, and public relations. Strong knowledge of application of lifesaving and first aid techniques; and of rules and regulations pertaining to pool use. Ability to work with limited supervision within the established policies and procedures of the department; work cooperatively with staff and public; and enforce pool rules and regulations.

**ACCEPTABLE EXPERIENCE AND TRAINING:** Possession of a valid certificate in American Red Cross (ARC) Lifeguard training standard First Aid, CPR for Professional Rescuer or equivalent required.

**WORK HOURS:** Dix Memorial Pool is open from Memorial Day weekend through Labor Day at least six days per week from June through mid-August and weekends-only before and after the public school summer break. Work will be daytime, some evenings, weekends, and holidays.



# Town of Gordonsville, Virginia Application of Employment

112 South Main Street,  
P.O. Box 276  
Gordonsville, VA 22942  
Phone: (540) 832-2233  
Fax: (540) 832-2449  
www.townofgordonsville.org

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Date available to start work: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
Last First Middle/Suffix  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone: ( ) ( ) ( )  
Home Work Cell  
Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Maiden/Other Name(s) Used: \_\_\_\_\_

Are you 18 years old or older?  Yes  No

Are you a U.S. Citizen?  Yes  No If No, Naturalization #: \_\_\_\_\_  
Offers of employment require proper identification and documentation of eligibility for employment in the U.S.

Have you worked for the Town of Gordonsville before?  Yes  No If yes, dates: \_\_\_\_\_

Do you have a valid Virginia Drivers License?  Yes  No If yes, type? \_\_\_\_\_

Have you been convicted of a crime?  Yes  No A conviction does not automatically mean that you cannot be employed. The nature and date of offense will be considered. Please supply court date, offense and sentence for each conviction.

## Education and Training

| School      | Name and Location | Course of Study | Check last year completed  | Did you Graduate             |
|-------------|-------------------|-----------------|--|------------------------------|
| High School |                   |                 | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Yes |
|             |                   |                 | <input type="checkbox"/> No  |                              |
| College     |                   |                 | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Yes |
|             |                   |                 | <input type="checkbox"/> No  |                              |
| Other       |                   |                 | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Yes |
|             |                   |                 | <input type="checkbox"/> No  |                              |

Use this space to give any special qualifications relevant to the position for which you are applying that are not covered elsewhere on this application (such as professional license or certificate; skills in operation of machines or equipment; technical skills; or other special training).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience** (List below your three previous employers beginning with the most recent)

Name of employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
(hour, annual) (hour, annual)

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May employer be contacted for a reference?  Yes  No

=====  
Name of employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
(hour, annual) (hour, annual)

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May employer be contacted for a reference?  Yes  No

=====  
Name of employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
(hour, annual) (hour, annual)

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May employer be contacted for a reference?  Yes  No

=====  
Please describe any additional experience, activities, accomplishments (paid or volunteer) that are relevant to the position for which you are applying.

**Professional References**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_

=====  
**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_

=====  
**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Important: You must sign this application. Read the following carefully before you sign.**

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at decisions regarding my employment.
- I understand that this application is not intended to be a contract of employment.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I understand also that I am required to abide by all rules and regulations of the Town of Gordonsville.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Authorization to Obtain Information**

I authorize the Town of Gordonsville, Virginia to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police record, Department of Motor Vehicles record, personal and professional references, previous employers, physicians, medical record, and other appropriate sources.

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date**

(Authorizing the release of any information that the Town of Gordonsville may request from the above sources)

\_\_\_\_\_

**Printed Name**

**State of Virginia, Town/City of** \_\_\_\_\_

**On this** \_\_\_\_\_ **day of** \_\_\_\_\_ **Year**  
Day Month

\_\_\_\_\_ Whose name is signed on the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

**My commission expires** \_\_\_\_\_ **Notary** \_\_\_\_\_

*The Town of Gordonsville does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or provision of services.*