



# Australian Lifeguard Service Employment Application Form

**Before you apply for a job with the Australian Lifeguard Service please ensure you have read all the supporting job information in the Jobs section of the ALS website, [www.lifeguards.com.au](http://www.lifeguards.com.au)**

## Minimum requirements.

Before completing this application form please ensure you meet the following minimum requirements to apply for a lifeguard job with the Australian Lifeguard Service.

- Pool Lifeguard or Ocean Lifeguard qualification (depending on employment environment)
- You are an Australian or New Zealand citizen, or you have the necessary working visa to work in Australia
- If you have had any criminal convictions you should discuss these with the relevant state lifeguard manager before applying.

## SECTION 1: EMPLOYMENT LOCATION

Please identify your preference for employment location.

First Choice: .....

Second Choice: .....

Third Choice: .....

If none of your preferred areas are available, are you prepared to work in any location?

Yes       No

## SECTION 2: PERSONAL DETAILS

Please complete your personal details below.

Title:              First Name: .....

Last Name: .....

Date of Birth:              /              /              (dd/mm/yyyy) .....

Known as (if different from above): .....

Male               Female

Nationality: .....

Address: .....

Town/City: .....

State: .....

Postcode: .....

Country: .....

Email Address: .....

Home Telephone No.: .....

Work Phone No.: .....

Mobile Phone No.: .....

Preferred Telephone No.:  Home  Work  Mobile

Can we contact you at work?  Yes  No

Are you under 18 years of age?  Yes  No

If you are under 18 a Parental Consent Form must be completed and returned before you are considered for employment by the ALS. You can download one of these at [www.lifeguards.com.au](http://www.lifeguards.com.au)

### SECTION 3: EMERGENCY CONTACT DETAILS

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In case of emergency we will need to contact someone on your behalf.  
Please provide details of an emergency contact.

Contact Name: .....

Relationship to you: .....

Contact Phone No.: .....

Address: .....

Town/City: .....

State: .....

Postcode: .....

Country: .....

### SECTION 4: MEDICAL HISTORY

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Please provide medical details. All information provided to the ALS is considered confidential and will be kept on file during employment. Note: You may be required to complete a physical prior to employment.

Do you suffer from any health or medical problems?  Yes  No

If yes, please state your health or medical problems. You may be required to produce a medical certificate.

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### SECTION 5: ALS EMPLOYMENT HISTORY

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Have you been employed by the Australian Lifeguard Service previously?  Yes  No

If Yes, which state were you previously employed by the ALS?

NSW  QLD  WA  VIC  SA  TAS  NT

If Yes, how many years/seasons have you been employed by the ALS?

1  2  3  4  5  6+

If Yes, what was your last role with the ALS?

Pool Lifeguard  Lagoon Lifeguard  Beach Lifeguard  
 Team Leader  Lifeguard Supervisor  Lifeguard Manager

Are you, or have you been, a member of a surf life saving club?

Yes  No

If yes, which surf life saving club are you a member of?

**SECTION 6: CURRENT EMPLOYMENT**

Please provide details of your current employment, study or other activity.

Employer name: \_\_\_\_\_ Contact: \_\_\_\_\_

Location: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed from:        /        /        (dd/mm/yyyy)        Notice required: \_\_\_\_\_

Is it OK to contact your current employer:         Yes         No

**SECTION 7: PREVIOUS EMPLOYMENT**

Please provide details of your previous employment, study or other activity (including temporary, part time and lifeguard work) starting with your most recent. If you wish to provide more details of previous employment please attach your CV.

**Job Number 1:** (Do not include your current job if you have already supplied details in the previous section)

Employer name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed from:        /        /        Employed to:        /        /        (dd/mm/yyyy)

**Job Number 2:**

Employer name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Employed from:        /        /        Employed to:        /        /        (dd/mm/yyyy)

You may wish to attach your CV to this application.

**SECTION 8: REFERENCES**

Please provide details of employers/referees who may be contacted in regards to your suitability for employment.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 9: LIFEGUARD QUALIFICATIONS

The ALS has strict qualifications requirements. These requirements are well outlined in the ALS Qualifications Framework which can be found in the ALS Qualifications Brochure or online at [www.lifeguards.com.au](http://www.lifeguards.com.au)

From the ALS Lifeguard Qualifications Framework, which of the following lifeguard qualifications levels have you attained?

- Pool/Lagoon Lifeguard
- Ocean Lifeguard
- Advanced Ocean Lifeguard
- None

From the following list please select the qualifications you currently hold. You will need to provide proof of these qualifications before being employed.

- Pool Lifeguard Award
- PUA21004 Certificate II in Public Safety (Aquatic Rescue) /SLSA Bronze Medallion
- Senior First Aid Certificate (or equivalent) – Expires: . . . . / . . . . / . . . . Award obtained through: . . . . .
- Advanced Resuscitation Techniques
- Basic Beach Management Certificate
- Spinal Management Certificate
- Advanced Emergency Care Certificate
- Beach Management Program
- PUA31304 Certificate III in Public Safety (Aquatic Search and Rescue)
- IRB Driver Certificate
- RWC Operator Certificate
- ATV Operator Certificate
- Motor Vehicle Licence
- PWC Licence

Qualifications/courses currently booked:

If there are any qualifications that you do not currently hold, but have booked in for courses which will be completed before employment would begin, please give details here:

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*You will need to provide proof of your qualifications. These could be copies of certificates or a print out of your SurfGuard qualifications report.*

**Working With Children:**

Please note that as per state requirements you may be required to complete a police screening process. Visit the jobs section of the ALS website for more information.

## SECTION 10: LIFEGUARD FITNESS AND SKILLS

To be considered for employment as a lifeguard for the ALS you are required to meet a specific set of fitness and skills standards. For the latest assessment requirements visit [www.lifeguards.com.au](http://www.lifeguards.com.au)

Do you consider yourself to be physically fit for the role of a lifeguard?  Yes  No

400m pool swim time:

800m pool swim time:

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How would you describe your surf swimming ability?

- Poor  Average  Good  Very Good  Exceptional

How would you describe your rescue board paddling ability?

- Poor  Average  Good  Very Good  Exceptional

Are you confident in comfortably completing the ALS fitness and skills assessments?

- Yes  No

Do you regularly recreate in the ocean/surf environment? ie. surfing/paddling

- Yes  No

**SECTION 11: SUPPORTING INFORMATION**

If you would like to provide any further information to support your application please do so here. This is an opportunity to let us know why you are the right person for the role you are applying for. You can include any additional information on your career history, life experience, personal achievements, training, voluntary work, interests or more.

Your personal statement:

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**SECTION 12: AVAILABILITY**

In this section you will need to indicate the type of employment you wish to apply for and your availability.

What hours do you wish to work?

- Full Time
- Seasonal
- Casual/Temp

Please state the date range/s you are available to work:

Do you require any time off during the season?  Yes  No

If time off is required, please give details below:

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**SECTION 13: UNIFORM**

To assist the ALS in the supply of uniforms please indicate your sizing preferences for the items below.

- |                 |   |  |  |  |   |   |
|-----------------|---|--|--|--|---|---|
| Shirt:          | <input type="checkbox"/> S                                    | <input type="checkbox"/> M                                   | <input type="checkbox"/> L                                   | <input type="checkbox"/> XL                                  | <input type="checkbox"/> XXL                                  |   |
| Jacket:         | <input type="checkbox"/> S                                    | <input type="checkbox"/> M                                   | <input type="checkbox"/> L                                   | <input type="checkbox"/> XL                                  | <input type="checkbox"/> XXL                                  |   |
| Shorts:         | <input type="checkbox"/> S                                    | <input type="checkbox"/> M                                   | <input type="checkbox"/> L                                   | <input type="checkbox"/> XL                                  | <input type="checkbox"/> XXL                                  |   |
| Male Costume:   | <input type="checkbox"/> 30/75<br><input type="checkbox"/> XS | <input type="checkbox"/> 32/80<br><input type="checkbox"/> S | <input type="checkbox"/> 34/85<br><input type="checkbox"/> M | <input type="checkbox"/> 36/90<br><input type="checkbox"/> L | <input type="checkbox"/> 38/95<br><input type="checkbox"/> XL | <input type="checkbox"/> 40/100<br><input type="checkbox"/> XXL |
| Female Costume: | <input type="checkbox"/> 6<br><input type="checkbox"/> XXS    | <input type="checkbox"/> 8<br><input type="checkbox"/> XS    | <input type="checkbox"/> 10<br><input type="checkbox"/> S    | <input type="checkbox"/> 12<br><input type="checkbox"/> M    | <input type="checkbox"/> 14<br><input type="checkbox"/> L     | <input type="checkbox"/> 16<br><input type="checkbox"/> XL      |
| Hat:            | <input type="checkbox"/> 55<br><input type="checkbox"/> 59    | <input type="checkbox"/> 56<br><input type="checkbox"/> 60   | <input type="checkbox"/> 57<br><input type="checkbox"/> 61   | <input type="checkbox"/> 58<br><input type="checkbox"/> 62   |   |   |

## SECTION 14: DECLARATION

### Privacy

The ALS recognises that privacy is important and that individuals have a right to control their personal information. We acknowledge that providing personal information is an act of trust and the ALS takes that seriously. The ALS has a Privacy Policy that governs how we handle personal information of individuals. The ALS is also committed to complying with the private sector National Privacy Principles set out in Privacy Act (Cth) 1988.

The ALS Privacy Policy, which includes regulations governing how the ALS handles personal information of individuals can be found at [http://www.slsa.com.au/default.aspx?s=\\_privacy](http://www.slsa.com.au/default.aspx?s=_privacy)

Any information you provide, or is provided by a third party, such as a referee, will only be used in connection with your application. Access to this information is only available to those people responsible for recruitment. You are able to gain access to the personal information held by the ALS at any time. If you are successfully employed by the ALS, relevant information may be used from this application to form part of your personal record.

### Declaration

I hereby declare that the information supplied in this application is to the best of my knowledge and belief, true and correct. I acknowledge that failing to disclose information, withholding information or providing false or misleading information relating to my health, fitness and experience, may result in a determination that I am unsuitable for employment by the Australian Lifeguard Service.

### Do you agree to the above declaration?

- Yes  
 No

Name: .....

Signature: .....

Date:            /            /            (dd/mm/yyyy)  
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### SUPPLEMENTARY FORM REQUIREMENTS:

**Please ensure you have completed all the supplementary form requirements for the state you are applying for before submitting your application. To find out what these requirements are, and to download a checklist and the forms, visit [www.lifeguards.com.au](http://www.lifeguards.com.au) and follow the links.**

### IMPORTANT NOTICES:

- Applications may not be accepted unless all the required forms have been completed and submitted. Please submit original forms with your application.
- Returning applicants may not be required to submit new forms, if they have worked for the ALS within the last 12 months and there has been no change to their status. Please check with your state office.
- International applicants will be required to produce their passports and work visa's prior to employment.
- All efforts have been made to ensure this Employment Application Form includes the correct requirements and supporting information. Please note that changes may occur, and that these may differ between states.

*For information on where to send this application please see the relevant job application online at [www.lifeguards.com.au](http://www.lifeguards.com.au)*



AUSTRALIAN  
**LIFEGUARD**  
SERVICE