

Los Angeles County Fire Department Lifeguard Division

OCEAN LIFEGUARD CANDIDATE/RECURRENT 1000 Meter Swim Certificate

COMPLETED FORM MUST BE ATTACHED TO EMPLOYMENT APPLICATION

Candidate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

INFORMATION BELOW MUST BE COMPLETED BY A POOL MANAGER,
LIFEGUARD, SWIM COACH, OR OTHER AQUATIC PROFESSIONAL.

THIS PORTION IS TO BE COMPLETED BY THE AQUATIC PROFESSIONAL OBSERVING THE SWIM:

I certify that I observed _____ complete a
(Candidate's Name)

1000-METER POOL SWIM.

The candidate completed the swim in _____ minutes and _____ seconds.

Your Name: _____

Signature: _____ Date: _____

Position Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Best time to call to verify: _____