

APPLICATION FOR EMPLOYMENT

CITY OF CORRECTIONVILLE
CORRECTIONVILLE SWIMMING POOL
P O BOX 46
CORRECTIONVILLE, IA 51016
PHONE # 372-4791 FAX # 372-4489

POSITION APPLYING FOR:
_____LIFEGUARD _____MANAGER

DATE AVAILABLE TO WORK: _____

INSTRUCTIONS: PLEASE PRINT IN INK OR TYPE

PERSONAL DATA

NAME: _____ BIRTHDATE: _____
(LAST) (FIRST) (MIDDLE)

PERMANENT ADDRESS: _____
(STREET AND NUMBER) (CITY) (STATE) (ZIP)

CURRENT ADDRESS: _____
(STREET AND NUMBER) (CITY) (STATE) (ZIP)

SOCIAL SECURITY NO. _____ TELEPHONE NO. (____) _____

E-MAIL ADDRESS: _____ CELL PHONE NO: _____

EDUCATION AND TRAINING

NO. YEARS COMPLETED DID YOU GRADUATE?

HIGH SCHOOL: _____

COLLEGE: _____

LIST ANY TRAINING, CERTIFICATIONS OR EXPERIENCE RELATED TO THE JOB YOU ARE APPLYING FOR.

HAVE YOU WORKED AT THE CORRECTIONVILLE POOL IN THE PAST? YES _____ NO _____

IF YES, PLEASE EXPLAIN POSITION AND DATES OF EMPLOYMENT:

REFERENCES

NAME

CITY

TELEPHONE NUMBER

1. _____

2. _____

3. _____

DO YOU HAVE ANY ACTIVITIES THAT WILL HINDER YOU FROM WORKING ALL SUMMER THROUGH 9/1/18?

YES _____ NO _____

IF YES PLEASE EXPLAIN:

IF APPLICABLE...WHEN WILL YOU BE LEAVING FOR COLLEGE? _____

IF YOU ARE A COLLEGE STUDENT PLEASE GIVE COLLEGE ADDRESS, EMAIL ADDRESS OF PHONE #.

ADDRESS: _____

TELEPHONE NO.: _____ EMAIL: _____

~LIFEGUARDS PLEASE COMPLETE BOTTOM SECTION~

DO YOU HAVE THE FOLLOWING CERTIFICATIONS? (CIRCLE ONE) EXPIRATION DATE

RED CROSS WATER SAFETY INSTRUCTIR (WSI) YES / NO _____

AMERICAN RED CROSS LIFE GUARD (LG) YES / NO _____

AMERICAN RED CROSS 1ST AIDE YES / NO _____

AMERICAN RED CROSS CPR YES / NO _____

IF THESE CERTIFICATIONS EXPIRE BEFORE SEPTEMBER 1ST, ARE YOU AVAILABLE TO ATTEND LIFEGUARD/1ST AIDE/CPR CLASS TO UPDATE YOUR CERTIFICATION? _____

**** IMPORTANT ****

ALL LIFEGUARDS WILL BE REQUIRED TO TEACH SWIM LESSONS

AUTHORIZATION AND RELEASE

HAVING MADE APPLICATION FOR EMPLOYMENT & DESIRING THE CITY OF CORRECTIONVILLE TO BE INFORMED AS TO MY RECORD(S), I HEREBY AUTHORIZE THE CITY OF CORRECTIONVILLE TO INVESTIGATE MY RECORD & I FURTHER AUTHORIZE THE ADDRESSED INDIVIDUAL, COMPANY OR INSTITUTION TO FURNISH THE CITY OF CORRECTIONVILLE WITH ANY INFORMAITON WHICH MAY CONCERN MY RECORD, & DO HEREBY RELEASE THE ADDRESSED INDIVIDUAL, COMPANY OR INSTITUTION & ALL PERSONS WHOMSOEVER FROM ANY DAMAGE ON ACCOUNT OF FURNISHING SUCH INFORMATION.

SIGNATURE OF APPLICANT

_____/_____/_____
DATE