

APPLICATION FOR EMPLOYMENT



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www.cityofdyersville.com

~ DYERSVILLE FAMILY AQUATIC CENTER ~

EMAIL: mungs@cityofdyersville.com

POSITION APPLYING FOR:

___ ASSISTANT MANAGER ___ HEAD LIFEGUARD ___ LIFEGUARD

___ FACILITY ASSISTANT (Concession/Cashier)

Full Time ___
40 Hours ___
Part Time ___
20 - 25 Hours Plus ___
Sub Only ___

DATE AVAILABLE TO WORK: _____

INSTRUCTIONS: PLEASE PRINT IN INK OR TYPE.

PERSONAL DATA

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

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

COLLEGE 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 DYERSVILLE AQUATIC CENTER IN THE PAST? YES _____ NO _____

IF YES, PLEASE EXPLAIN POSITION AND DATES OF EMPLOYMENT

CONTINUED...

REFERENCES

<u>NAME</u>	<u>CITY</u>	<u>TELEPHONE NUMBER</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DO YOU HAVE ANY ACTIVITIES THAT WILL HINDER YOU FROM WORKING ALL SUMMER?

YES _____ NO _____

IF YES PLEASE EXPLAIN _____

DO YOU HAVE ANY ACTIVITIES (Jobs/Sports) THAT MAY CONFLICT WITH YOUR POOL SCHEDULE?

YES _____ NO _____

IF YES PLEASE EXPLAIN _____

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

~ LIFEGUARDS PLEASE COMPLETE BOTTOM SECTION ~

DO YOU HAVE THE FOLLOWING CERTIFICATIONS?	(CIRCLE ONE)	EXPIRATION DATE
RED CROSS WATER SAFETY INSTRUCTOR (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 YOU DO NOT HAVE CURRENT CERTIFICATIONS, WHEN/HOW DO YOU PLAN ON GETTING THEM? _____

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

SIGNATURE OF APPLICANT

_____/_____/_____
DATE