

APPLICATION FOR EMPLOYMENT



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www.cityofdyersville.com

~ DYERSVILLE FAMILY AQUATIC CENTER ~

EMAIL: gnadermann@cityofdyersville.com

POSITION APPLYING FOR:

\_\_\_ ASSISTANT MANAGER \_\_\_ HEAD LIFEGUARD \_\_\_ SWIM LESSONS COORDINATOR

\_\_\_ 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...

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## REFERENCES

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<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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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### ~ LIFEGUARDS PLEASE COMPLETE BOTTOM SECTION ~

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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 1 <sup>ST</sup> AID	YES / NO	_____
AMERICAN RED CROSS CPR	YES / NO	_____

IF YOU DO NOT HAVE CURRENT CERTIFICATION, WHEN/HOW DO YOU PLAN ON GETTING THEM? \_\_\_\_\_

\_\_\_\_\_

IF THESE CERTIFICATIONS EXPIRE BEFORE SEPTEMBER 1<sup>ST</sup>, ARE YOU AVAILABLE TO ATTEND

LIFEGUARD / 1<sup>ST</sup> AID / CPR CLASS TO UPDATE YOUR CERTIFICATION? \_\_\_\_\_

**\*\* IMPORTANT \*\***

**ALL LIFEGUARDS WILL BE REQUIRED TO TEACH SWIM LESSONS**

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### AUTHORIZATION AND RELEASE

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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 HEREBY RELEASE THE ADDRESSED INDIVIDUAL, COMPANY OR INSTITUTION & ALL PERSONS WHOMSOEVER FROM ANY DAMAGE ON ACCOUNT OF FURNISHING SUCH INFORMATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE