

APPLICATION FOR EMPLOYMENT



340 1st Avenue East, Dyersville, Iowa 52040 • Phone: 563-875-7724 • Fax: 563-875-8238

www.cityofdyersville.com

DYERSVILLE FAMILY AQUATIC CENTER

EMAIL: ahuehnergath@cityofdyersville.com

POSITION APPLYING FOR: [ ] ASSISTANT MANAGER [ ] HEAD LIFEGUARD [ ] LIFEGUARD [ ] FACILITY ASSISTANT (Concession/Cashier)

INSTRUCTIONS: PLEASE PRINT IN INK OR TYPE.

PERSONAL DATA

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

HOME ADDRESS: (STREET) (CITY) (STATE) (ZIP)

CELL PHONE NO. ( )

E-MAIL ADDRESS:

EDUCATION AND TRAINING

CURRENT GRADE

DID YOU GRADUATE?

HIGH SCHOOL:

COLLEGE:

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

Three horizontal lines for listing training, certifications, or experience.

HAVE YOU WORKED AT THE DYERSVILLE AQUATIC CENTER IN THE PAST? YES [ ] NO [ ]

IF YES, PLEASE EXPLAIN POSITION AND DATES OF EMPLOYMENT

Four horizontal lines for explaining position and dates of employment.

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## REFERENCES

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NAME

CITY

TELEPHONE NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

DO YOU HAVE ANY ACTIVITIES THAT WILL HINDER YOU FROM WORKING ALL SUMMER? Vacations – Jobs - Sports  
IF YES PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT IS YOUR LAST AVAILABLE DAY TO WORK FOR THE SUMMER? DATE: \_\_\_\_\_

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## LIFEGUARDS PLEASE COMPLETE BOTTOM SECTION

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*Lifeguard Reimbursement...* Lifeguards who have worked more than 200 hours, completed five (5) private lessons, worked 20 hours in August at the pool, and have successfully completed employment with the City of Dyersville for the entire pool season can request reimbursement of one-half of the lifeguard safety certification training costs by September 15, 2026. This reimbursement will only cover costs to enroll and obtain the lifeguard safety certificate training; it does not cover their work time to attend the class, nor mileage reimbursement.

DO YOU HAVE THE FOLLOWING CERTIFICATIONS?	YES / NO	EXPIRATION DATE
• RED CROSS WATER SAFETY INSTRUCTOR (WSI)		_____
○ IF ANSWERED NO TO WSI WOULD YOU BE INTERESTED IN GETTING WSI?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
• AMERICAN RED CROSS LIFEGUARD (LG)		_____
• AMERICAN RED CROSS 1ST AID		_____
• AMERICAN RED CROSS CPR		_____

IF YOU DO NOT HAVE CURRENT CERTIFICATIONS, WHERE / WHEN DO YOU PLAN ON GETTING THEM?

\_\_\_\_\_

IF THESE CERTIFICATIONS EXPIRE BEFORE SEPTEMBER 1ST, ARE YOU AVAILABLE TO ATTEND LIFEGUARD / 1ST AID / CPR CLASS TO UPDATE YOUR CERTIFICATION? YES  NO

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

**ALL LIFEGUARDS WILL BE REQUIRED TO TEACH GROUP & PRIVATE SWIM LESSONS**

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## AUTHORIZATION AND RELEASE

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HAVING MADE APPLICATION FOR EMPLOYMENT & 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