

APPLICATION FOR EMPLOYMENT

CITY OF ELDORA

ELDORA AQUATIC CENTER

709 14th Ave.

Eldora, IA 50627

PHONE # 641-939-2393 City Hall

641-939-3537 Pool

POSITION APPLYING FOR:

___ LIFEGUARD ___ FACILITY ASSISTANT (Concession/Cashier) ___ CUSTODIAL

Full Time ___
Part Time ___

DATE AVAILABLE TO WORK: _____

INSTRUCTION: PLEASE PRINT IN INK OR TYPE.

PERSONAL DATA

NAME: _____ BIRTH DATE: _____
(LAST) (FIRST) (MIDDLE)

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

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

SOCIAL SECURITY NO. _____ TELEPHONE NO. () _____

EMAIL 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 ELDORA 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 THROUGH 9/ /06?

YES _____ NO _____
IF YES PLEASE EXPLAIN _____

IF APPLICABLE...WHEN WILL YOU BE LEAVING FOR COLLEGE? DATE: ____/____/'06

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

ADDRESS _____

TELEPHONE NO. () _____ EMAIL _____

LIFEGUARDS PLEASE COMPLETE BOTTOM SECTION

DO YOU HAVE THE FOLLOWING CERTIFICATIONS?	(CIRCLE ONE)	EXPIRATION DATE
RED CROSS WATER SAFETY INSTRUCTOR (WSI)	YES / NO	_____
RED CROSS LIFEGUARD INSTRUCTOR (LGI)	YES / NO	_____
AMERICAN RED CROSS LIFE GUARD (LG)	YES / NO	_____
AMERICAN RED CROSS FIRST AID	YES / NO	_____
AMERICAN RED CROSS CPR	YES / NO	_____

IF THESE CERTIFICATIONS EXPIRE BEFORE SEPTEMBER 1ST, ARE YOU AVAILABLE TO ATTEND

LIFEGUARD, FIRST AID, 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 ELDORA TO BE INFORMED AS TO MY RECORD (S), I HEREBY AUTHORIZE THE CITY OF ELDORA TO INVESTIGATE MY RECORD & I FURTHER AUTHORIZE THE ADDRESSED INDIVIDUAL, COMPANY OR INSTITUTION TO FURNISH THE CITY OF ELDORA 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

_____/____/'06
DATE