

CITY OF MINERAL POINT

137 HIGH STREET, SUITE 1
MINERAL POINT, WI 53565

SEASONAL POOL EMPLOYMENT APPLICATION

NAME _____

PRESENT ADDRESS _____

SUMMER ADDRESS, IF DIFFERENT _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

ARE YOU AT LEAST 16 YEARS OF AGE? YES _____ NO _____ BIRTHDATE: _____

(EMPLOYEES UNDER 18 ARE REQUIRED TO OBTAIN A WORK PERMIT UPON HIRING)

ARE YOU PRESENTLY A FULL TIME STUDENT? YES _____ NO _____

IF YES, CIRCLE ONE: HIGH SCHOOL COLLEGE

EDUCATION

NAME OF HIGH SCHOOL _____ YEAR OF GRADUATION _____

NAME OF COLLEGE _____ YEAR OF GRADUATION _____

MAJOR COURSE OF STUDY (IF APPLICABLE) _____

POSITIONS YOU ARE APPLYING FOR

HEAD LIFEGUARD _____

ASSISTANT HEAD LIFEGUARD _____

FULL TIME LIFEGUARD _____

PART TIME LIFEGUARD _____

HEAD SWIM TEAM COACH _____

ASSISTANT SWIM TEAM COACH _____

I WILL BE AVAILABLE FROM _____ TO _____
MONTH/DAY MONTH/DAY

WERE YOU EMPLOYED BY THE MINERAL POINT POOL LAST YEAR? YES _____ NO _____

IF YES, WHAT WAS YOUR POSITION? _____

HOW MANY YEARS HAVE YOU WORKED AT THE POOL _____

ARE YOU AVAILABLE FOR MORNING WORK? YES _____ NO _____

ARE YOU AVAILABLE FOR AFTERNOON WORK? YES _____ NO _____

ARE YOU AVAILABLE FOR EVENING WORK? YES _____ NO _____

WHAT DAYS ARE YOU AVAILABLE? _____

WHAT HOURS ARE YOU AVAILABLE? _____

MONTH/DAY DO YOU HAVE A VACATION PLANNED? YES _____ NO _____ IF YES, WHEN? _____

FIRST AID/SPECIAL TRAINING

HAVE YOU HAD ANY FIRST AID TRAINING? YES _____ NO _____ IF YES, CHECK THE COURSES YOU HAVE COMPLETED

_____ STANDARD FIRST AID CERTIFICATE	DATE RECEIVED _____	DATE EXPIRED _____
_____ LIFEGUARD	DATE RECEIVED _____	DATE EXPIRED _____
_____ CPR (FOR THE PROFESSIONAL RESCUER CERTIFICATE)	DATE RECEIVED _____	DATE EXPIRED _____
_____ WSI	DATE RECEIVED _____	DATE EXPIRED _____
_____ FIRST AID INSTRUCTOR CERTIFICATE	DATE RECEIVED _____	DATE EXPIRED _____
_____ OTHER _____		

REFERENCES

PLEASE LIST THREE CHARACTER REFERENCES, WHO ARE NOT RELATIVES & YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

1. _____ PHONE _____

2. _____ PHONE _____

3. _____ PHONE _____

IN CASE OF EMERGENCY, NOTIFY:

NAME	ADDRESS	PHONE
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"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing information to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

SIGNATURE: _____ DATE OF APPLICATION: _____

PARENT SIGNATURE (IF UNDER 18): _____ DATE OF APPLICATION: _____