

DATE RETURNED: _____

SUMMER (SEASONAL) EMPLOYMENT APPLICATION

Positions available: Manager, lifeguards/lesson instructors. Guards/instructors must be Red Cross Certified prior to the start of employment. Must be available weekends, evenings until closing, and during lessons.

Position Applying for: _____ Manager _____ Lifeguard/lesson instructor

Date available to work: _____ Part-time _____ Sub only _____

INSTRUCTIONS: PLEASE PRINT IN INK OR TYPE

PERSONAL DATA

Name _____ Birthdate _____
Last First Middle

Home Address _____
Number & Street City State Zip

College Address _____

Phone(s): _____ Email _____

EDUCATION AND TRAINING

High School _____ No. years completed _____ Did you graduate? _____

College _____

List any training, certifications, or experience related to the job you are applying for.

Have you worked at the Edgewood Pool in the Past? Yes _____ No _____

If Yes, please explain the position and dates of employment.

Previous employment:	<u>Business/Location</u>	<u>Position Held</u>	<u>Supervisor/Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____

DATE RETURNED: _____

References:

Name:	City	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you have any activities that will hinder you from working daily schedules through August?
_____yes _____no (Examples: sports, other jobs, family vacations, classes, or other commitments)

If yes, please explain:

If applicable, when will you be leaving for college? _____

CERTIFICATIONS

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 ST AIDE	YES/NO	_____
AMERICAN RED CROSS CPR	YES/NO	_____

ALL LIFEGUARDS MUST HAVE LG CERTIFICATION TO TEACH LESSONS

AUTHORIZATION AND RELEASE

Having made an application for employment and desiring the City of Edgewood to be informed as to my record(s), I hereby authorize the City of Edgewood to investigate my record, and I further authorize the addressed individual, company, or institution to furnish the City of Edgewood with any information which may concern my record, and do hereby release the addressed individual, company or institution and all persons whomsoever from any damage on account of furnishing such information.

Signature of Applicant Date _____