

APPLICATION FOR EMPLOYMENT



City of Guttenberg

502 South First St. ~ PO Box 580 ~ Guttenberg IA 52052-0580

~ GUTTENBERG MUNICIPAL SWIMMING POOL ~

POSITION APPLYING FOR: _____

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)

TELEPHONE NO. _____ CELL PHONE NO. _____

E-MAIL ADDRESS: _____

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 GUTTENBERG 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.	_____	_____	_____

EMPLOYMENT REFERENCES (IF ANY)

	<u>NAME</u>	<u>CITY</u>	<u>TELEPHONE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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: _____ / _____ / _____

~ LIFEGUARDS PLEASE COMPLETE BOTTOM SECTION ~

DO YOU HAVE THE FOLLOWING CERTIFICATIONS?	(CIRCLE ONE)	EXPIRATION DATE
RED CROSS WATER SAFETY INSTRUCTOR (WSI)	YES / NO	_____
AMERICAN RED CROSS LIFEGUARD	YES / NO	_____
AMERICAN RED CROSS 1ST AIDE	YES / NO	_____
AMERICAN RED CROSS CPR	YES / NO	_____

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

IF THESE CERTIFICATIONS EXPIRE BEFORE SEPTEMBER 1ST, ARE YOU AVAILABLE TO ATTEND LIFEGUARD / 1ST AIDE / CPR CLASS TO UPDATE YOUR CERTIFICATION? _____

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

SIGNATURE OF APPLICANT

_____/_____/_____
DATE