

**APPLICATION FOR EMPLOYMENT  
ROLAND MUNICIPAL SWIMMING POOL**

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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

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(PLEASE PRINT)

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

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Last Name	First Name	Middle Name
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Current Address

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Summer Address (if different)

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Telephone Number (s)

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Social Security Number	Date of Birth
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If you are under 18 years of age, can you provide required proof of your eligibility to work? (circle one)

	YES	NO
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Have you ever filed an application with us before?

	YES	NO
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Are you currently employed?

	YES	NO
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On what date would you be available to work? \_\_\_\_\_

Are you available to work:    FULL TIME                  PART TIME                  TEMPORARY

Years of Lifeguarding experience \_\_\_\_\_

Have you been convicted of a felony within the last seven (7) years? (conviction will not necessarily disqualify an applicant from employment)

	YES	NO
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## EMPLOYMENT EXPERIENCE

Start with your present or last job. If additional space is needed please attach an additional sheet of paper.

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

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EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

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EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

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### CURRENT CERTIFICATIONS

### Expiration Date

\_\_\_\_\_ Lifeguard Training \_\_\_\_\_

OR

\_\_\_\_\_ Basic Lifeguarding \_\_\_\_\_

\_\_\_\_\_ Adult CPR \_\_\_\_\_

\_\_\_\_\_ Infant/Child CPR \_\_\_\_\_

\_\_\_\_\_ First Aid \_\_\_\_\_

\_\_\_\_\_ Water Safety Instructor \_\_\_\_\_

\_\_\_\_\_ Lifeguard Training Instructor \_\_\_\_\_

\_\_\_\_\_ W.S.I. Aide \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of a "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date