

City of Guthrie Center Application For Aquatic Center Employment

PLEASE PRINT OR TYPE

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the City of Guthrie Center.

Position(s) applied for _____ Date of Application ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (____) _____ Other Phone (____) _____

If you are under 16, it is required that you furnish a work permit. Work permits are obtained from the school superintendent's office. Will you be able to obtain a work permit? Yes No

Are you legally eligible for employment in this country? Yes No

Date available to begin work _____ / ____ / ____

Type of employment desired Full-Time Part-Time Preferred No. of Hours/week _____

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Do you understand that as a City of Guthrie Center employee you may be subject to random drug and alcohol screening tests? Yes No

Educational Background

NAME AND LOCATION	YEAR OR EXPECTED YEAR OF GRADUATION
HIGH SCHOOL	
COLLEGE	

Employment History

Provide the following information for your past four (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	SUPERVISOR	TELEPHONE
			()
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING OTHER		HOURLY RATE / SALARY	
		START \$	PER FINAL \$ PER
FROM	TO	SUPERVISOR	TELEPHONE
			()
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY	
		START \$	PER FINAL \$ PER

FROM	TO	SUPERVISOR	TELEPHONE ()
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ PER FINAL \$ PER	

Skills and Qualifications

Do you have your lifesaving certification?. Do you have your waterpark certification? CPR certification is required every year. If you do not have your certification will you have it prior to your employment?

Lifesaving _____ Date issued _____
 CPR _____ Date issued _____
 Waterpark _____ Date issued _____

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE CITY OF GUTHRIE CENTER'S SERVICE WHENEVER IT IS DISCOVERED.

I GIVE THE CITY OF GUTHRIE CENTER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE CITY OF GUTHRIE CENTER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I UNDERSTAND IT IS THE CITY OF GUTHRIE CENTER'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

IF I AM HIRED, I UNDERSTAND THAT I MAY RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE CITY OF GUTHRIE CENTER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE CITY OF GUTHRIE CENTER OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

THE CITY OF GUTHRIE CENTER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE CITY OF GUTHRIE CENTER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

I represent and warrant that I have read and fully understand the foregoing and my minor child does seek employment under these conditions including but not limited to random drug and alcohol screening tests.

By signing this Application I give permission to the City to administer random drug and alcohol screening tests on my minor child.

Signature of Parent/Guardian _____ Date ____/____/____

NOTE: In 2009 cell phones will **not** be permitted in the bath house other than ones to be used by the manager or assistant manager for the day. Those cell phones are to be used only for work - not for social purposes. If you can not live with this rule please do not apply. Thank you.

1 What type of job you are you applying for?

Hours/Week	June	July	August
40 hours	_____	_____	_____
30-40 hours	_____	_____	_____
20-30 hours	_____	_____	_____
10-20 hours	_____	_____	_____
weekends only/mainly	_____	_____	_____
sub or less than 10 hours	_____	_____	_____

Please note that you must have worked a minimum of 25 hours **before** being able to teach private lessons or have helped with Red Cross lessons.

	Full	Half
2 Do you prefer full days or half days	_____	_____

3 Are you interested in giving Red Cross swimming lessons? If so how many times a session (2 week period) are you willing to teach?

Swim Lessons	1st Session	2nd Session	3rd Session
None	_____	_____	_____
1 hour	_____	_____	_____
2 hour	_____	_____	_____
3 hour if needed	_____	_____	_____

4 Attempts will be made to not schedule you to work on the days of sporting events this is dependent upon the number of lifeguards.

Summer Sports you will participate in	Yes	No	Practice Times
Baseball	_____	_____	
Softball	_____	_____	
Swim Team	_____	_____	

5 Camps/Events you will participate in

	Yes	No	Dates of Camps
Basketball -Boys	_____	_____	June ___ to June ___
Basketball - Girls	_____	_____	June ___ to June ___
Cheerleading	_____	_____	
Cross Country	_____	_____	
Football	_____	_____	Aug
Volleyball	_____	_____	Aug
Wrestling	_____	_____	July
Iowa Games	_____	_____	July 17 & 18

6 Please list other camps dates if known: _____

7 Dates of planned family vacation if know: _____

8 All Schedule Requests **must** be at City Hall no later than the **20th** of the month. Copies will be provided to the Pool Manager.

9 Please keep in mind that if you do not request in advance of schedule completion for time off **YOU** must find a sub to be able to take the time off.

10 Swim team hours have been changed to 8-9 am and 5-6 pm daily. All work days begin at 12 noon unless you are helping with Red Cross Swimming lessons.