

# APPLICATION FOR EMPLOYMENT

## Rock Valley Swimming Pool

City of Rock Valley  
 1303 10<sup>th</sup> St. P.O. Box 100                      Rock Valley, Iowa, 51247  
 Phone: 712-476-5707                              Fax: 712-476-2553

Please type or print clearly

<b>APPLICANT INFORMATION:</b>			
Applicant's Name (First, MI, Last)		Social Security Number	
Home Address		Home Phone	Work Phone
City                                      State                                      ZIP code		E-mail Address	

<b>EMPLOYMENT WANTED FOR:</b>					
<i>Please check position(s) applying for:</i>					
Full-time Lifeguard		Swim Lesson Instructor		Lap Swim/Bathhouse Attnd	
Part-time/Sub Lifeguard		Swim Lesson Aide		Cashier	

**LICENSES , CERTIFICATES:**     *Please attach a copy of all certificates*

*Note: All applicants seeking a Lifeguard position must possess a current Red Cross Lifeguard & Professional CPR /First Aid Certificate. Applicants seeking a Swim Lesson Instructor position must hold a current Red Cross Water Safety Instructor certificate. Lifeguard certification is desired, but not required for swim lesson aides, lap swim/ bathhouse attendant, or cashier positions.*

License/Certificate Issued By	Certificate Name/Specialization	Issue Date	Expiration Date
License/Certificate Issued By	Certificate Name/Specialization	Issue Date	Expiration Date

**RELATED WORK EXPERIENCE :**

*Please list below all work experience (paid and volunteer), starting with the most recent employment.*

Job Title		Employer	Supervisor Name
Date of Employment		Employer's Address	
Average Hours/Week	Hourly Rate/Salary	Reason for Leaving	
Description of Duties			
Job Title		Employer	Supervisor Name
Date of Employment		Employer's Address	
Average Hours/Week	Hourly Rate/Salary	Reason for Leaving	
Description of Duties			
Job Title		Employer	Supervisor Name
Date of Employment		Employer's Address	
Average Hours/Week	Hourly Rate/Salary	Reason for Leaving	
Description of Duties			

**SPECIAL SKILLS AND OUALIFICATIONS :**

*Summarize special skills and qualifications acquired from employment or other experience.*

**EDUCATION :**

Years Completed

High School

9 10 11 12

College/University

1 2 3 4

Graduate/Professional

1 2 3 4

**REFERENCES :**

*Give name, address, and telephone number of three references who are not related to you and are not previous employers.*

Name	Relationship
Address	Phone Number
Name	Relationship
Address	Phone Number
Name	Relationship
Name	Phone Number

**Agreement :**

*I certify that information given herein is 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. I understand that this is not and is not intended to be a contract of employment.*

*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 City of Rock Valley.*

**Signature of Applicant****Date****Office Use Only****Hired**    Yes     No **Date Hired****Assigned Position(s)**