

NORA SPRINGS AQUATIC CENTER APPLICATION

PLEASE PRINT CLEARLY

PERSONAL DATA

NAME - Last: _____ First: _____ MI: _____
ADDRESS - Street: _____ City: _____ St: _____ Zip: _____
Phone - _____ Alternative Contact # _____
Contact in case of an emergency - _____ Relationship - _____ Phone - _____
Date of Birth: _____ (Complete if 16 and under)

EDUCATION

SCHOOL - _____ CURRENT GRADE - _____ YEAR GRADUATED - _____
COLLEGE (if attending) - _____ YEAR IN COLLEGE - _____
PLEASE LIST YOUR SKILLS AND WORK QUALITIES - _____

EMPLOYMENT INFORMATION

DATE AVAILABLE TO WORK - _____ TOTAL HOURS AVAILABLE PER WEEK - _____
Please list any summer activities that may affect availability for the work schedule: _____

Is there any time during the summer you will be unavailable to work? If so, when? _____

Job(s) applying for: **Pool Manager** **Assistant Pool Manager** **Lifeguard** **Counter help**

*Please check certifications you hold & provide expiration date: Lifeguard & First Aid _____ Exp. Date _____
CPR _____ Exp. Date _____ Other _____*

List Previous Jobs-including at the Nora Springs Pool-listing most recent first, and use back if necessary.

Employer _____ **Supervisor** _____ **Job Title** _____
Address/Phone _____ How long _____

List Job Responsibilities _____

Employer _____ **Supervisor** _____ **Job Title** _____
Address/Phone _____ How long _____

List Job Responsibilities _____

REFERENCES

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Applicant Signature: _____ Date: _____

PLEASE SEE BACK OF APPLICATION – READ, SIGN, AND DATE

RETURN APPLICATION TO: Nora Springs City Hall 45 N. Hawkeye PO Box 336 Nora Springs, IA 50458

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I will be required to and can provide proof of citizenship or immigration status. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. If I am employed and in consideration thereof, I understand and agree to conform to the rules and regulations of the City of Nora Springs and that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the City of Nora Springs or myself. If I am employed, I further understand and agree that when my employment is terminated, I must return all the City of Nora Springs's property in my custody.

Signature of Applicant

Date