



WEST BURLINGTON SWIMMING POOL EMPLOYMENT APPLICATION



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

APPLICANT INFORMATION

Applicant Name		Date of Application	
Address	City	State, Zip	
Email Address:			
Phone Number:		Preference Text Call Either	

POSITION YOU ARE APPLYING FOR:

- ☐ MANAGER *(Minimum Age 18)*
- ☐ ASSISTANT MANAGER *(Minimum Age 18)*
- ☐ LIFEGUARD *(Minimum Age 15)*
- ☐ SHALLOW WATER GUARD *(Minimum Age 15)*
- ☐ ADMISSIONS/CONCESSIONS STAFF *(Minimum Age 14)*

RESTRICTIONS: If you are under 16 years of age, you will need a Work Permit from Iowa Workforce Development. Please attach your Work Permit to the application. Staff under 16 years of age will have job restrictions that are regulated by the US Department of Labor.

Have you read the job description for the position you are applying for? YES NO

Do you have any restrictions that would prevent you from fulfilling the job requirements listed in the job description? YES NO

If yes, please explain: _____

SCHOOL STATUS:

- ☐ HIGH SCHOOL
- ☐ COLLEGE
- ☐ NOT IN SCHOOL

AVAILABILITY

- ☐ FULL-TIME: 25-40 HOURS PER WEEK
- ☐ PART-TIME: LESS THAN 20 HOURS PER WEEK

DATES/TIMES UNAVAILABLE:

The pool is open to the public seven days a week from Noon – 7:00 p.m. (**EXCEPTIONS:**
Swim Lessons will be offered from 10 am – noon from June 5 – July 21st.
Private Pool Parties are occasionally scheduled from 7:00 p.m. – 9:00 p.m.

Please list any dates and times that you know of when you will not be available to work between Memorial Day and Labor Day, including, but not limited to vacations, school-related athletics or extracurricular commitments, return to college, etc. If you don't have any, write "None".

CERTIFICATION/TRAINING

Check all certifications that are current and include copies of the certification with your application. Copies can be made at City Hall to attach to your application.

Certification/Training Description	I have a current certification (List expiration date)	I have been certified in the past, but need to be re-certified	I am interested in becoming certified
Red Cross Lifeguard Certification			
Red Cross Shallow Water Guard Certification			
First Aid/CPR/AED			
Water Safety Instructor (WSI)			
ServSafe - Certified Food Protection Manager (CFPM)			
ServSafe - Food Handler Training			

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities, or another protected status.

Name of Employer:		
Address:		
Date of Employment:	From	To
Job Title:		
Supervisor Name:		May we contact them? YES NO
Supervisor's Phone/Email:		
Reason for Leaving:		

Name of Employer:		
Address:		
Date of Employment:	From	To
Job Title:		
Supervisor Name:		May we contact them? YES NO
Supervisor's Phone/Email:		
Reason for Leaving:		

Have you previously worked for the City of West Burlington? YES NO

If not listed above, please provide the following information:

Date of Employment:	From	To
Position(s):		
Date of Employment:	From	To
Position(s):		

REFERENCES

Do not include family members or past supervisors.		
Name	Phone/Email	Occupation

BACKGROUND

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? YES NO (*Proof of citizenship or immigration status will be required upon employment*)

Have you ever been convicted of a felony? YES NO

If yes, list the date(s) and nature of the conviction: _____

NOTE: Any applicant who is offered a job by the City must pass a criminal background check, pre-employment drug screen and may be subject to a pre-employment physical prior to beginning work as an employee of the City of West Burlington.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. 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 an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge the 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 damage 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.

Signature of Applicant

Date