

# GLIDDEN AQUATIC CENTER APPLICATION FOR EMPLOYMENT

Please mail to:  
CITY OF GLIDDEN  
P.O. BOX 349  
GLIDDEN, IOWA 51443



## PERSONAL

Name: \_\_\_\_\_

First                      Middle Initial                      Last                      Social Security Number

Current Address: \_\_\_\_\_

Street                      City                      State                      Zip

Summer Address if different than above: \_\_\_\_\_

Street                      City                      State                      Zip

Telephone Number: ( ) \_\_\_\_\_ Emergency Contact & Phone: \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you 18 years of age or older?    Yes    No    Are you a military Veteran?    Yes    No  
Are you legally able to work in the          If yes, Dates of Active Duty: \_\_\_\_\_ to \_\_\_\_\_  
United States?                      Yes    No

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position applied for: \_\_\_\_\_ Aquatic Center season May – August

Available to work:    Regular (28-35 hr per week)    Part-Time (less than 28 hrs per week)

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

List dates unavailable: (ex. Vacations/camps, summer/fall sports, other job conflicts, return to college)  
\_\_\_\_\_

## EDUCATION

Do you have a High School Diploma or GED?    Yes    No

Name of last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Circle year currently in:    8   9   10   11   12   13   14   15   16   17   18

Circle the highest degree earned:    High School Diploma    GED    Certificate    AA    BD    MD    PHD    Other

## SKILLS AND QUALIFICATIONS

|                                      |                      |                      |                                     |                           |
|--------------------------------------|----------------------|----------------------|-------------------------------------|---------------------------|
| <b>LIFEGUARD/FIRST AID CERTIFIED</b> | <b>CPR CERTIFIED</b> | <b>WSI CERTIFIED</b> | <b>BASIC WATER SAFETY CERTIFIED</b> | <b>CASHIER EXPERIENCE</b> |
| YES OR NO                            | YES OR NO            | YES OR NO            | YES OR NO                           | YES OR NO                 |
| WHEN _____                           | WHEN _____           | WHEN _____           | WHEN _____                          | WHEN _____                |

**All certifications must accompany the application.**

*Work Permits required for 15 year olds*

**EMPLOYMENT HISTORY**

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your former employers to verify this information?

Yes No

May we contact your present employer? Yes No

***The law prohibits discrimination in hiring due to age, race color, creed, national origin, religion, or disability.***

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

\_\_\_\_\_

***I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**