

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 United States? Yes No If yes, Dates of Active Duty: _____ to _____

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

Are you 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

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

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