

TOWN OF WAYNETOWN

2019 AQUATIC CENTER EMPLOYMENT APPLICATION

ALL AQUATIC CENTER EMPLOYEES ARE SEASONAL EMPLOYEES

Name _____ Date _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Contact Number _____ Date of Birth _____ Age _____

Emergency Contact Information

Name _____ Relationship _____

Phone _____ 2ND Phone _____

EDUCATION

Schools/Colleges Attended: # Years Year Grad. Degree

EMPLOYMENT

Have you been employed here before? Yes [] OR No []

When _____ Position Held _____

Position(s) applying for:

Aquatic Center Manager [] Assistant Manager [] Lifeguard [] Cashier/Slide Attendant []

DESCRIBE ANY SPECIAL QUALIFICATIONS YOU HAVE FOR THE POSITION SELECTED ABOVE

Lifeguarding/First Aid/CPR/AED [] Yes [] No If Yes, Effective Date _____ Expiration Date _____

CPR/AED Only [] Yes [] No If Yes, Effective Date _____ Expiration Date _____

**106 N VINE STREET * PO BOX 215
WAYNETOWN, IN 47990
PHONE 234-2154 * FAX 234-1601**

EMPLOYMENT EXPERIENCE

Employer _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisor's Name _____
Job Title _____ Salary or Hourly Rate _____
Days and Hours You Work _____
Dates of Employment: From _____ To _____ Reason for Leaving _____

SUMMER EMPLOYMENT

PLEASE LIST ALL OTHER JOBS YOU WILL HAVE THIS SUMMER. YOU MUST INCLUDE THE DAYS AND HOURS YOU WILL BE WORKING. YOU WILL BE EXPECTED TO BE AVAILABLE TO WORK ANY DAYS AND HOURS NOT LISTED BELOW.

DATES YOU CANNOT WORK – LIST ALL DATES AND THE REASON YOU CANNOT WORK. EXAMPLE: 4-H FAIR, COLLEGE OR OTHER SCHOOL TRIPS (GERMANY/FRANCE/ETC.), FAMILY VACATIONS, SPORTS, ETC. YOU WILL BE EXPECTED TO BE AVAILABLE TO WORK ANY DAYS AND HOURS NOT LISTED BELOW.

LAST DAY YOU ARE AVAILABLE TO WORK – WILL YOU BE LEAVING EARLY DUE TO COLLEGE, SPORTS, ETC.?

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER