

TOWN OF WAYNETOWN

106 N VINE STREET * PO BOX 215 * WAYNETOWN, IN 47990

PHONE 765-234-2154 * FAX 765-234-1601

2026 AQUATIC CENTER EMPLOYMENT APPLICATION

ALL AQUATIC CENTER EMPLOYEES ARE SEASONAL EMPLOYEES

THE AQUATIC CENTER OPENS ON MAY 23RD & CLOSSES ON AUGUST 2ND

THE AQUATIC CENTER WILL ALSO BE OPEN ON AUGUST 8TH & 9TH

Name _____ Date _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Contact Number _____ Date of Birth _____ Age _____

EMERGENCY CONTACT INFORMATION

Name _____ Contact Number _____

Name _____ Contact Number _____

EDUCATION

High Schools and Colleges Attended: _____ Current Grade Level _____

EMPLOYMENT

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

When _____ Position Held _____

CHECK WHAT POSITION(S) ARE YOU APPLYING FOR:

MANAGER []

SENIOR CERTIFIED LIFEGUARD (You Must Have Previous Lifeguarding Experience) []

CERTIFIED LIFEGUARD (You Must be at Least 15 Years Old []

SLIDE ATTENDANT (You Must be at Least 16 Years Old) []

CASHIER (You Must be at Least 14 Years Old []

DESCRIBE ANY SPECIAL QUALIFICATIONS YOU HAVE FOR THE POSITION SELECTED

CERTIFICATIONS:

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

If No, Date You Will Be Certified? _____

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

CURRENT OR PREVIOUS EMPLOYMENT

Employer _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Days and Hours You Work _____

Dates of Employment: From _____ To _____ Reason for Leaving _____

OTHER SUMMER EMPLOYMENT: PLEASE LIST ALL OTHER JOBS YOU WILL HAVE THIS SUMMER AND THE DAYS AND HOURS YOU WILL BE WORKING.

DATES & REASON YOU CANNOT WORK: LIST ALL DATES AND THE REASON YOU CANNOT WORK. EXAMPLE: 4-H FAIR, SCHOOL/COLLEGE TRIPS, SPORTS, FAMILY VACATIONS, ETC.

CAN YOU WORK THROUGH AUGUST 2ND & ON AUGUST 8TH & 9TH?

YES [] NO []

IF NO, WHAT IS THE LAST DATE YOU CAN WORK DUE TO COLLEGE, SPORTS, ETC?

NUMBER OF HOURS PER WEEK YOU WANT TO WORK? HOURS ARE NOT GUARANTEED.

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