

City of Guthrie Center Application For Aquatic Center Employment

PLEASE PRINT OR TYPE

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the City of Guthrie Center.

Position(s) applied for _____ Date of Application ____/____/____

Name _____
 Last First Middle
 Address _____
 Street City State Zip Code
 Telephone (____) _____ Other Phone (____) _____ Email _____

If you are under 16, it is required that you furnish a work permit. Work permits are obtained from the school superintendent's office. Will you be able to obtain a work permit? _____ Yes No

Are you legally eligible for employment in this country? _____ X Yes No

Date available to begin work _____ June _____
 ____/____/____

Type of employment desired Full-Time Part-Time Preferred No. of Hours/week _____

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

Have you been convicted of a crime in the last seven (7) years? _____ Yes No
 If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Do you understand that as a City of Guthrie Center employee you may be subject to random drug and alcohol screening tests? ___ Yes No

Educational Background

NAME AND LOCATION	YEAR OR EXPECTED YEAR OF GRADUATION
HIGH SCHOOL	
COLLEGE	

Employment History

Provide the following information for your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	SUPERVISOR	TELEPHONE ()
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING OTHER		HOURLY RATE / SALARY START \$ PER FINAL \$ PER	
FROM	TO	SUPERVISOR	TELEPHONE ()
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ PER FINAL \$ PER	

FROM	TO	SUPERVISOR	TELEPHONE ()
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ PER FINAL \$ PER	

Skills and Qualifications

Do you have your lifesaving/CPR certification?. Do you have your waterpark certification? If you do not have your certification will you have it prior to your employment?

Lifesaving _____ Date issued _____
 CPR _____ Date issued _____
 Waterpark _____ Date issued _____

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE CITY OF GUTHRIE CENTER'S SERVICE WHENEVER IT IS DISCOVERED.

I GIVE THE CITY OF GUTHRIE CENTER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE CITY OF GUTHRIE CENTER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I UNDERSTAND IT IS THE CITY OF GUTHRIE CENTER'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

IF I AM HIRED, I UNDERSTAND THAT I MAY RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE CITY OF GUTHRIE CENTER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE CITY OF GUTHRIE CENTER OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

THE CITY OF GUTHRIE CENTER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE CITY OF GUTHRIE CENTER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

I represent and warrant that I have read and fully understand the foregoing and my minor child does seek employment under these conditions including but not limited to random drug and alcohol screening tests.

By signing this Application I give permission to the City to administer random drug and alcohol screening tests on my minor child.

Signature of Parent/Guardian _____ Date ____/____/____