

# Veterans Memorial Aquatic Center 2008 Swimming Season\Pool Park Store Application

City of Evansville Parks



### TO THE APPLICANT:

We appreciate your interest in our aquatic program. The information requested in this application form will give us a clear understanding of your qualifications, background, and work history, and will aid us in placing you in a position for which you are thereby best suited. The Civil Rights Act of 1964, as amended prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination because of age. The Americans with Disability Act, prohibits discrimination against those with disabilities. As an Equal Opportunity Employer, the City of Evansville intends to comply fully with all applicable federal and state employment laws.

Print In Ink

### PERSONAL DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

New Applicant     Past Employee

Are you UNDER 18 years of age?  Yes     No    Are you UNDER 16 years of age?  Yes     No

Have you ever been convicted of a crime within the last 7 years?  
 Yes     No    If yes, explain fully:

### JOB INTEREST

Position (s) Desired:

Assistant Aquatic Director                       Basket Room                       Full Time                       Part Time     Reserve  
 Supervisor\Life Guard                               Maintenance                      Date Available To Begin Employment \_\_\_\_\_  
 Life Guard     Park Store Clerk                      Ending Date: \_\_\_\_\_  
 Swimming Teacher

### EDUCATION

Name & Address of School		Highest Grade Completed
High School		8 9 10 11 12
College		Highest Grade Completed 13 14 15 16 Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____
Other Schools		
List any extracurricular interests, additional skills, or professional certifications which you feel may qualify you for the position you are applying:		

## CERTIFICATIONS

**Note: Applicants that did not receive their training in Evansville need to attach a photocopy of all certification cards to the application.**

Life Guard Training

Yes  No Place & Date of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

Water Safety Instructor

Yes  No Place & Date of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

CPR For the Professional Rescuer

Yes  No Place & Date of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

First Aid

Yes  No Place & Date of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

AED

Yes  No Place & Date of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

## EMPLOYMENT HISTORY

### Present or Most Recent Employer

Name of Business \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Employment Dates Month\Year: From \_\_\_\_\_ to \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Position: \_\_\_\_\_ Brief Description of Position: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Wage\Salary: \_\_\_\_\_ May We Contact This Employer?  Yes  No

Additional Information About Your Employment:

### Second Previous Employer

Name of Business \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Employment Dates Month\Year: From \_\_\_\_\_ to \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Position: \_\_\_\_\_ Brief Description of Position: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Wage\Salary: \_\_\_\_\_ May We Contact This Employer?  Yes  No

Additional Information About Your Employment:

**Personal References**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Specific Dates\ Days of the Week\Hours You Would Not Available For Work:**

**Supervisor\Lifeguard\Swimming Teacher\Basket Room\Park Store Clerk Positions**

In a paragraph indicate your reasons for seeking employment with the City of Evansville and explain what personal traits, skills, and experience you possess that would make you a valued asset to the Evansville Aquatic Staff. Give specific reasons for each position you are applying for.

Please include any additional information you feel would be helpful for us in our evaluation of you for the position you are applying for.

**PLEASE READ CAREFULLY:**

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false or misleading facts or omission of information or any other information associated with my application for employment is grounds for refusal to hire, rejection of the application, or if hired dismissal of employment.

I authorize any of the persons or organizations referred to in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, and I will indemnify you against any liability that may result from making such investigation.

I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between the City of Evansville and myself for either employment or for providing any benefit. I also understand that if hired, my employment is to be "at will" and that either the City of Evansville or I may terminate my employment at any time with or without cause.

I acknowledge that it is the City of Evansville's policy to hire only authorized workers and any offer of employment to me by the City of Evansville is contingent upon my timely completing INS Form I-9 and producing documents required by the Migration Reform and Control Act of 1986 and may not be amended. My failure to meet these requirements within a specified time limit will result in the termination of my employment.

**Dated:** \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

**Position:** \_\_\_\_\_

**Interviewed by:** \_\_\_\_\_

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

**Job Offered:**  Yes  No

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

**Job Accepted:**  Yes  No

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

**Director Signature:** \_\_\_\_\_

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