

# Application for Employment

## *City of Hospers Swimming Pool*

### PERSONAL INFORMATION

Last Name	First	Middle	Birthdate / /
Street Address			Home Phone ( ) -
City, State, Zip			Cell Phone ( ) -
Position Desired			Social Security # - -
Have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates: _____			Desired hours of work per week? _____
Have you received WSI training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date of completion: _____			Date available to begin work? _____
Are you legally eligible for employment in the United States?			Are you of the legal age to work? _____

### EDUCATION BACKGROUND

School	Name and Location of School	Years Completed	Date of Graduation
College			
High School			
Elementary			

### REFERENCES

List three references (no relatives) that you feel have observed any talents you obtain which you believe to be lifeguard assets.

Name	Relationship	Address	Phone Number
			( ) -
			( ) -
			( ) -

**EMPLOYMENT**

List previous four employers, starting with your present or most recent employers.

Company Name	Telephone ( ) -
Address	Employed – (mo. & yr.) From To
Name of Supervisor	Weekly pay Start Last
Job Title and Responsibilities	Reason for Leaving

Company Name	Telephone ( ) -
Address	Employed – (mo. & yr.) From To
Name of Supervisor	Weekly pay Start Last
Job Title and Responsibilities	Reason for Leaving

Company Name	Telephone ( ) -
Address	Employed – (mo. & yr.) From To
Name of Supervisor	Weekly pay Start Last
Job Title and Responsibilities	Reason for Leaving

Company Name	Telephone ( ) -
Address	Employed – (mo. & yr.) From To
Name of Supervisor	Weekly pay Start Last
Job Title and Responsibilities	Reason for Leaving

**OTHER INFORMATION**

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in detail on separate sheet of paper.
Do you have any physical conditions, which might limit your ability to perform any tasks within the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe this condition on a separate sheet of paper, and how you can perform the job in spite of it.
Have you had a major illness in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe on a separate sheet of paper.

**After reading each statement, initial by each one and sign at the bottom.**

\_\_\_\_\_ The information that is provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

\_\_\_\_\_ I understand that other factors, such as irresponsibility and laziness, may also result in my dismissal.

\_\_\_\_\_ I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

\_\_\_\_\_ If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature