

CITY OF SUTTON, NEBRASKA
POOL MANAGER/ASST. MANAGER APPLICATION

NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____ City: _____ State: _____ Zip: _____

EMAIL ADDRESS: _____

(An email that you can access throughout the summer)

REQUIREMENTS:

1. Are you a certified lifeguard? _____ Expiration date: _____
2. Have you completed or updated a CPR/First Aid course in the last 6 months? _____
If so, please provide a copy of certificate.
3. Are you at least 18 years old? YES _____ NO _____

INFORMATION:

1. Do you have a water safety instructor certificate? _____ Exp. Date: _____
2. Do you have a pool manager's license? _____ Exp. Date: _____
3. What date will you be available to begin work? _____
4. Do you enjoy working with children? YES _____ NO _____
5. Do you want full time or part time hours (check one)? FULL TIME _____ PART TIME _____
6. Do you have other activities such as playing ball or another job that will require you to either miss work or have the work schedule adjusted to allow you to do both?
YES _____ NO _____

If yes, please list days you are unable to work or activities that will require you to miss work:

7. Do you have any extended absences planned this summer such as vacations, camps, etc. that will require you to miss work? YES _____ NO _____
If so, what are the dates? _____

PRIOR EMPLOYMENT: (Include any pool and/or personnel management)

1. Employer: _____ Phone # _____
Employer Address: _____
Dates employed: _____
Responsibilities: _____

2. Employer: _____ Phone # _____
Employer Address: _____

PRIOR EMPLOYMENT CONTINUED

Dates employed: _____

Responsibilities: _____

3. Employer: _____ Phone # _____

Employer Address: _____

Dates employed: _____

Responsibilities: _____

References: (do not include previous employers or relatives)

1. Name: _____ Phone # _____

Address: _____ Email _____

2. Name: _____ Phone # _____

Address: _____ Email: _____

3. Name: _____ Phone # _____

Address: _____ Email: _____

POSITIONS OF RESPONSIBILITY: (school, work community, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

The above is true and correct to the best of my knowledge.

SIGNATURE: _____

DATE: _____

Use an additional page if needed. Please return **APPLICATION, RESUME** and **COVER LETTER** outlining your qualification and desire for applying for this position to City Clerk, 107 W. Grove, PO Box 430, Sutton, NE 68979.

