

**CITY OF SUTTON
POOL MANAGER/ASST. MANAGER APPLICATION**

NAME: _____ PHONE NUMBER: _____
MAILING ADDRESS: _____

REQUIREMENTS:

1. Position Applying for: _____
2. Are you at least 19 years old? _____
3. Do you have a current pool manager's license? _____ Expiration Date: _____

INFORMATION:

1. What date would you be able to start working? _____
2. Do you enjoy working with children? _____ YES _____ NO
3. Do you have any 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 explain: _____

4. Do you have any extended absences planned this summer such as vacations, camps, etc. that will require you to miss work? YES _____ NO _____
What Dates: _____

5. Are you a certified life guard? (Advanced Lifesaving and C.P.R.) _____
(Life guard certification is not required for pool manager position.)

6. Do you have a WSI Certificate? _____ Expiration: _____

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

1. _____
Employer _____ Phone _____
Employer's Address _____ Dates of Employment _____
Responsibilities _____
2. _____
Employer _____ Phone _____
Employer's Address _____ Dates of Employment _____
Responsibilities _____

Prior Employment Continued

3. _____
Employer _____ Phone _____

Employer's Address _____ Dates of Employment _____

Responsibilities _____

REFERENCES: (Do not include previous employers or relatives)

1. _____
Name _____ Phone _____

Address _____

2. _____
Name _____ Phone _____

Address _____

3. _____
Name _____ Phone _____

Address _____

POSITIONS OF RESPONSIBILITIES: (School, work, community, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

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

Signature _____ Date _____

Use additional page if needed. Please return application to City Clerk, 107 W. Grove, P.O. Box 430, Sutton, NE 68979.