

# CITY OF SUTTON, NEBRASKA POOL LIFEGUARD 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 16 years old? YES \_\_\_\_\_ NO \_\_\_\_\_

### INFORMATION:

1. What date will you be available to begin work? \_\_\_\_\_
2. Do you enjoy working with children? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you want full time or part time hours (check one)? FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_
4. 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:

\_\_\_\_\_  
\_\_\_\_\_

5. 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: \_\_\_\_\_

\_\_\_\_\_

List organizations you have been involved with: (4-H, FFA, FCCLA, Scouts, etc.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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.