



**City of Milton-Freewater
AQUATIC CENTER
Employment Application**

Instructions: Please complete (print or type) all sections, date and sign. Incomplete application may result in elimination from Respond only for position currently open. Request a position open notification card if you are interested in other positions.

Position applying for: _____ Date: _____
(Lead Lifeguard, Lifeguard, Lifeguard/Instructor-WSI certified, Concession/Cashier)

I am willing to work Full-time _____ Part-time _____

Name: _____ Phone: _____ or _____
Address: _____ Email: _____
_____ Email: _____

(Please list both where you live in winter and summer if you are away at school.)

For work permit purposes, please declare if under 18 years of age? Yes _____ No _____

When will you be available for hire? _____

EDUCATION:

High School: _____ Location: _____

College: _____ Location: _____

Major courses of study: _____

Training: Which of the following training courses have you completed and when:

(Please attach copies of certification cards)

Lifeguard Training (expires 3 yrs.)	Date _____
CPR Instruction:	
CPR for the Professional Rescuer	Date _____
Adult CPR (expires 1 yr.)	Date _____
Adolescent CPR (expires 1 yr.)	Date _____
Child/Infant CPR (expires 1 yr.)	Date _____
Community CPR (expires 1 yr.)	Date _____
Standard First Aid (3 year certification)	Date _____
Bloodborne Pathogen Training	Date _____
Water Safety Instructor (WSI)	Date _____
Food Handlers Permit	Date _____



NOTE: Applicants will not be employed until photocopies of current certifications are submitted to the Human Resource Department in City Hall or to an Aquatic Center Pool Manager.

Any other courses, training or skills you have had relevant to this position:

_____ Date _____
_____ Date _____

EMPLOYMENT HISTORY: Give a brief resume' of your experience: (Jobs held and dates, duties required, etc.)

City of Milton-Freewater is an equal opportunity employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or mental or physical disability unless based upon a bonafide occupational qualification.

(OVER)

REFERENCES:

Name _____ Phone _____
Address _____
Relationship to you _____

Name _____ Phone _____
Address _____
Relationship to you _____

Name _____ Phone _____
Address _____
Relationship to you _____

I swear that the information supplied above is accurate and true.

Signed _____ Date _____

Social Security No. _____ Driver's License _____ State _____

Waiver and Authorization to Release Information

To Whom It May Concern,

I authorize you to furnish the City of Milton-Freewater with any and all information that you have concerning me, my work record, and my reputation. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Milton-Freewater in determining my qualifications and fitness for the position I am seeking with the City.

I hereby release you, your organization and others from any liabilities or damages which may result from furnishing the information requested. I understand that any information obtained will be strictly confidential. I also understand that as a matter of policy, the City of Milton-Freewater may conduct a criminal offender check through the Oregon State Police Law Enforcement Data System ((LEDS)) and I here by give my authorization to do so. **Parental authorization is needed for all applicants under age 18 along with date of birth.**

Applicant's Signature

Please Print Your Name

Date

Date of Birth for applications under age 18

Parents Signature for applicant under age 18

Parent Printed Name