



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

**Instructions:** Please complete LEGIBLY (print or type) all sections, date and sign. Incomplete application may result in elimination for the 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 during the Aquatic Center season, Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ or \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City/Zip \_\_\_\_\_ 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