



APPLICATION FOR SUMMER POOL EMPLOYMENT

CITY OF SELAH
115 W. Naches Ave.
Selah, WA 98942
(509)698-7301

NAME: _____ SOCIAL SECURITY #: _____

PRESENT ADDRESS: _____ PHONE: _____

SUMMER ADDRESS: _____ PHONE: _____

BIRTH DATE: _____ (If under 18) AVAILABLE TO WORK: [] Day [] Evening [] Weekend

LIST ANY COMMITMENTS THAT MAY INTERFERE WITH WORK REQUIREMENTS:

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR HEALTH PROBLEMS THAT MAY INTERFERE WITH YOUR JOB PERFORMANCE? _____ IF YES, EXPLAIN _____

HAVE YOU WORKED FOR THE CITY OF SELAH BEFORE? _____ IF YES, WHEN AND IN WHAT CAPACITY? _____

HAVE YOU SERVED IN THE U.S. ARMED FORCES? [] YES [] NO WHAT BRANCH? _____

RANK AT DISCHARGE _____ LIST SPECIALTY _____

HAVE YOU EVER VOLUNTEERED AT THE POOL BEFORE? [] YES [] NO IF YES, EXPLAIN: _____

POSITION(S) DESIRED:	YEAR AND LOCATION OF EXPERIENCE IN POSITION:
_____	_____
_____	_____
_____	_____

(Pool positions include: Pool Manager, Lifeguard, Instructor, Instructor Aide, Office Aide)

LIST SAFETY CERTIFICATIONS YOU HOLD: (specify if other than American Red Cross or YMCA)

	Date Class Completed	Expiration Date	Location Taken
[] Lifeguard Training	_____	_____	_____
[] Water Safety Instructor (WSI)	_____	_____	_____
[] Lifeguarding Training Instructor (LGI)	_____	_____	_____
[] Standard First Aid	_____	_____	_____
[] Advanced First Aid	_____	_____	_____
[] CPR	_____	_____	_____
[] Basic Water Rescue & Safety	_____	_____	_____
[] Other _____	_____	_____	_____

LIST ANY CLASSES OR WORKSHOPS YOU HAVE TAKEN RELATED TO AQUATICS: _____

LIST ANY SPECIALIZED SKILLS OR TRAINING: _____

LIST ANY CLASSES OR WORKSHOPS YOU HAVE TAKEN RELATED TO AQUATICS: _____

LIST ANY OTHER SPECIALIZED SKILLS OR TRAINING: _____

EDUCATION:	Name of School	Course of Study	Current Year (or last completed)	GPA
HIGH	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

LIST ALL PRESENT & PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT:

Name & Phone Number	From	To	Position	Salary	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIST SCHOOL, CIVIC OR BUSINESS ACTIVITIES: _____

LIST THREE REFERENCES WHO ARE NOT FORMER EMPLOYERS OR RELATIVES:

NAME	OCCUPATION	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION FOR PLACEMENT CONSIDERATION: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from the City's service if employed. I understand that if I am employed a certified birth certificate or other evidence of birthplace and citizenship is required.

SIGNATURE _____ DATE _____