



# 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: \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_