



SPEARVILLE RECREATION COMMISSION

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION:

Date of Application: ____/____/____

Social Security Number: ____ - ____ - ____

Name: _____
LAST FIRST MIDDLE

Present Address: _____
STREET CITY STATE ZIP CODE

Home Phone Number: _____ Cell Phone Number: _____

Are you 16 years of age or older? ☐ YES ☐ NO

Are you legally entitled to work in the United States? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

Referred by (if any): _____

EMPLOYMENT DESIRED:

Position: ☐ Pool Lifeguard
(Check one) ☐ Parks & Rec

Date You
Can Start: ____/____/____

Last Date
Available: ____/____/____

Are you employed now? ☐ YES ☐ NO
If yes, may we inquire
of your present employer? ☐ YES ☐ NO

Have you ever applied
to this organization before? ☐ YES ☐ NO
If yes, when? _____

CERTIFICATIONS	YES	NO	EXPIRATION DATE	COMMENTS**
Valid Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Red Cross Certified (Lifeguard)?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
WSI Certified (Lifeguard)?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
CPR Certified?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
First Aid Certified?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other: _____				_____

****If you do not currently have certification in an area, but plan to become certified, please note that in the comment section.**

EDUCATION:

	Name and Location of School	Circle the Last Year Completed	Did you Graduate?	Subjects Studied or Degree(s)
High School:	_____ _____ _____	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/Trade:	_____ _____ _____	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ _____

(Continued on the Other Side)

OTHER EMPLOYERS: (List below your last two employers, starting with the most recent one first.)

Month/Year	Name and Address of Employer	Position	Salary	Reason for Leaving
From: _____	_____	_____	_____	_____
To: _____	_____			_____
	_____			_____
May we contact them: <input type="checkbox"/> YES <input type="checkbox"/> NO		Contact Person: _____	Phone #: _____	

From: _____	_____	_____	_____	_____
To: _____	_____			_____
	_____			_____
May we contact them: <input type="checkbox"/> YES <input type="checkbox"/> NO		Contact Person: _____	Phone #: _____	

REFERENCES: (Below give the names of three people not related to you, that you have known for at least one year.)

Name	Address	Business & Phone Number	Years Acquainted
_____	_____	_____	_____
	_____	_____	
_____	_____	_____	_____
	_____	_____	
_____	_____	_____	_____
	_____	_____	

I certify that the foregoing statements are true and correct. I authorize the organization to make investigation of my personal or employment history and authorize my present/former employer, person, firm, corporation, credit agency or government agency to give to this Organization any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the Organization's review of this application, I release the Organization and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Organization's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Organization has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE ORGANIZATION HAS THE SAME RIGHT.

Applicant's Signature: _____

Date: _____