

**CITY OF ATKINSON, NEBRASKA
POOL APPLICATION**

Applying for (check one or more):

Lifeguard **Pool Manager** **Assistant Manager**

NAME: _____ DATE OF BIRTH _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL: _____ SS# _____

REQUIREMENTS:

- 1 Are you a certified lifeguard? (Advanced Lifesaving and C.P.R.) Yes No
Expiration Date: _____ (Life guard certification is not required for pool manager position.)
2. Have you completed and passed a C.P.R. course? _____ Expiration Date: _____
3. Are you at least 16 years old? Yes No Are you at least 19 years old? Yes No

INFORMATION:

1. Do you have a water safety instructor certificate? _____ Expiration Date: _____
2. Do you have a pool manager's license? _____ Expiration Date: _____
3. Have you completed and passed a first aid course? _____ Expiration Date: _____
4. What date will you be available to begin work? _____
5. Do you enjoy working with children? Yes No
6. Do you want full time or part time hours (check one) Full Time Part Time
7. Do you have other activities such as playing ball or another job that will require you to either miss work or have the work schedule adjusted to allow you to do both? Yes No

If yes, please list days you are unable to work or activities that will require you to miss work:

8. Do you have any extended absences planned this summer such as vacations, camps, etc. that will require you to miss work? Yes No If yes, list dates below.

PRIOR EMPLOYMENT: (include any pool and/or personnel management)

1. _____
Employer _____ Phone _____

Employer's Address _____ Dates Employed _____

Responsibilities _____
2. _____
Employer _____ Phone _____

Employer's Address _____ Dates Employed _____

Responsibilities _____

Prior Employment Continued

3. _____
Employer _____ Phone _____

Employer's Address _____ Dates Employed _____

Responsibilities _____

REFERENCES: (do not include previous employers or relatives)

1. _____
Name _____ Phone _____

Address _____

2. _____
Name _____ Phone _____

Address _____

3. _____
Name _____ Phone _____

Address _____

POSITIONS OF RESPONSIBILITY: (school, work, community, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

EDUCATIONAL HISTORY

List school name and location, years completed, any degrees earned:

High School: _____

College: _____

Technical Training or Other: _____

The above is true and correct to the best of my knowledge.

I hereby give my consent to any and all prior employers of mine to provide information with regard to my employment with them to any prospective employer.

Signature DATE: _____

Use an additional page if needed. Please return application to City Office, 104 S. Main Street, PO Box 519, Atkinson, NE 68713, or email to info@atkinsonne.com