

City of Adel Parks & Recreation

301 S 10th St Adel, Iowa 50003 • 515.993.4525 • www.adeliowa.org



APPLICATION FOR EMPLOYMENT

Personal Info

Name: _____

Address: _____

Phone: _____ Email: _____

Will you be at least 15 years of age by June 1st? Yes No

Position (may select more than one)

Manager Head Guard Swim Lesson Coordinator Lifeguard

Concessions Front Desk

Have you worked at the Adel Family Aquatic Center in the past? Yes No

If yes, how many years and in what positions? _____

Hours

Full Time (30-40 hours) Part Time (20-30 hours) Part Time (10-20 hours)

Please list any activities (jobs/sports/vacations/etc.) that may conflict with your pool schedule:

Education

High School: _____ Graduation Year: _____

College (if applicable): _____ Graduation Year: _____

Employment History

Dates	Employer	Position	Salary	Reason for Leaving

Check here if this is your first formal job

References (Include Name, Relationship, and Telephone Number)

1. _____
2. _____
3. _____

Certifications (Concessions/Front Desk applicants may skip this section)

Lifeguards are required to obtain an American Red Cross Lifeguard/First Aid/CPR certification before the start of the pool season, other certifications are optional.

Do you have the following certifications?	Expiration Date	Certificate ID
Lifeguard/First Aid/CPR ___ Yes ___ No	___/___/___	_____
Water Safety Instructor ___ Yes ___ No	___/___/___	_____
Lifeguard Instructor ___ Yes ___ No	___/___/___	_____

List any additional trainings, certifications, or experiences related to the job you are applying for:

If you do not have your certification yet or it is set to expire this year, when and where are you planning/scheduled to get your initial or recertification? _____

Swimming Lessons

All lifeguards are expected to help with swimming lessons. Concessions and front desk may also assist if willing and capable. If interested, please complete the following.

What is your swimming background? _____

What are your preferred levels to teach? _____

Authorization and Release

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all my statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant

_____/_____/_____
Date