City of Adel Parks & Recreation

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



	*
	ADEL FAMILY
AÜUZ	tie Genter

Personal Info								
Name:								
Address:								
Phone:	Email:							
Will you be at least 15 years of age by June 1st? Yes No								
Position (may se	lect more than o	ne)						
Manager	Head Guard	Swim Lesson (Coordinator	Lifeguard				
Concessions	Front Desk							
Have you worked a	t the Adel Family A	quatic Center in the	past?	Yes No				
If yes, how many years and in what positions?								
Hours								
Full Time (30)-40 hours) F	Part Time (20-30 ho	ours)	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	s is your first formal	job						

2				
3				
Certifications (Concessions/F	ront Desk	applicai	nts may skip this s	ection)
Lifeguards are required to obtain a the start of the p			Lifeguard/First Aid/CPR ications are optional.	certification before
Do you have the following certificat	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, certific	ations, or e	xperience	s related to the iob vo	u are applying for
	le. If interest	ed, please	complete the following."	*
What are your preferred levels to the				
What are your preferred levels to te	each?			
Authorization and Release				
"I certify that the facts contained in understand that, if employed, falsified state I authorize investigation of all my	ements on this statements co concerning my	application : ntained here previous en	shall be grounds for dismise in and the references and apployment and any pertine	sal. employers listed nt information they
above to give you any and all information of may have, personal or otherwise, and release utilization of such information. I also understand and agree that agreement for employment for any specific unless it is in writing and signed by an authorism. This waiver does not permit the reprohibited by the Americans with Disabilities.	ed period of time norized compa elease or use o	ne, or to mak ny represen of disability-r	ke any agreement contrary tative. related or medical informati	to the foregoing, on in a manner

^{**}Submit application by email to Ramona at rdillinger@adeliowa.org or by dropping off at City Hall.**