

Omro Family Aquatic Center Seasonal Job Application

Date of Application: ___ / ___ / ___

This application is to be used by any new applicants and employees applying for a different position.

Please print clearly using blue or black ink. Answer all questions to the best of your ability.

Full Name (First, MI, Last): _____

Address: _____ **Date of Birth:** ___ / ___ / ___ **Age:** ___

_____ **Phone Number:** (____) _____ - _____

Email: _____ **Are you a US citizen?** Yes No

Position(s) Applying For: _____ *Age*
(Select any interested in) _____ *Requirement*

___ Head Guard 18

___ Lifeguard 16

___ Swim Instructor 16

___ Front Desk/ Concessions 14

Certifications:	Date Expires:	Expected Date of Completion:
Lifeguard/CPR/AED/ First Aid		
WSI		
Other: _____		
* * Attach a copy of all certifications! * *		

Describe any skills, related training or experiences that would help you with the position you are applying for: _____

Have you worked here before? ___ **If yes, what years and positions?** _____

When are you available? morning afternoon evening weekends

Desired hours per week? _____ **First day available:** ___ / ___ / ___ **Last day available:** ___ / ___ / ___

Any dates or times unavailable to work and why: _____

Education	High School:	<i>If you have not entered high school, list middle school.</i>				
		School Name, City, State: GPA: _____ Grade completed: _____ Graduated: _____				
Post High School Education	Name, City, State	Dates Attended:	Major:	GPA	Degree Earned and Date:	

List name, contact and relationship of two references who are not related to you.

References	Name:	Relationship to you and how long have you known them?	Phone Number and best time to reach them:

Any past pool employees that you could use as a reference and their relationship to you:

Employment	List your most recent employers:		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	1. Current or Most Recent			
	Employer:	Position:	Dates Employed from:	
	Supervisor Name & Title:		Phone:	
	Major Responsibilities:		Reason for leaving	Ending Pay
	2. Previous Employer			
	Employer:	Position:	Dates Employed from:	
	Supervisor Name & Title:		Phone:	
Major Responsibilities:		Reason for leaving	Ending Pay	

Have you ever been pleaded to or have been found guilty of a felony or misdemeanor? Yes No

If yes, please explain: _____

Convictions are not an absolute bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular job or if bondability is an issue. Failure to disclose any and all felony or misdemeanor convictions may be considered falsification of the application and be a bar to your employment. Applicants are not required to disclose expunged or sealed records of convictions or arrest.

By completing and submitting this application, I:

- Certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge and agree that providing false, misleading or incomplete statements in this application or in connection with the municipality's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.
- Authorize my current or previous employers, references and any other individuals contacted by the municipality or its' agent to release any and all information regarding my background, including factual employment information involving records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, character, general reputation, drug and alcohol testing records, driving records, and any other work-related characteristics or issues. I understand that I may request in writing disclosures of certain information obtained by the municipality in the course of its investigation. I absolve those parties who provide information requested from any and all liability related to their wrong doing so.
- Acknowledge that any employment offered to me is at the will of the municipality and may be terminated at any time, with or without cause.

Signature of applicant

Date of application

Drop off, mail or fax completed application and certifications by due date to:

Omro City Hall
205 S. Webster Ave.
Omro, WI 54963
Fax: (920) 685-7011

Applications can be dropped off at the front desk of city hall. City Hall is open from 8am – 4:30pm Monday – Friday. Late applications will not be accepted, please mail accordingly.

Email will be used to communicate with you if an interview is requested, please check often.