

# Omro Family Aquatic Center Rehire Application

Date of Application: \_\_\_\_\_

*This application is to be used for employees that worked at OFAC the summer before.*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## Position(s) Reapplying For:

*Check all positions you're interested in*

Position	Age
___ Assistant Manager	18
___ Head Guard	18
___ Lifeguard	15
___ 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! * *		

## What summers have you worked here and what 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:

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 (type name for electronic signature)*

\_\_\_\_\_  
*Date of application*

**Please press the save button below and save it using your name.**

**Email to [omropool@gmail.com](mailto:omropool@gmail.com)**