Auburn Municipal Swimming Pool
Employment Application

Last Name | First Name | Middle Name | Social Security Number

Address (Street number and name) | City | State | Zip Code | Phone Number

College Address | City | State | Zip Code | Phone Number

Type of Employment

_____Full Time _____Manager _____Asst. Manager

_____Part Time _____Life Guard _____Other:_____

List any Red Cross Certifications you now hold:

_____ Expiration Date:_____

_____ Expiration Date:_____

_____ Expiration Date:_____

Do you currently hold a Pool Operator's License _____Yes _____No

If yes, when does it expire?_____

If no, will you be willing to get an Operator's license?_____

Employment History

Position | Date of Employment | Name and Address of Employer

Name and Title of Immediate Supervisor | Phone Number

Description of Duties and Responsibilities

Use the back of this form to provide additional information which you believe may help you qualify for those positions for which you have applied or which may clarify other information that you provide on this application.

As certified on the Employment Application, I declare that my answers to the questions are true and givethe City of Auburn the right to investigate all information given and to secure additional appropriate information if necessary. I understand that this inquiry may include information to my character, general reputation, personal characteristics, and appropriateness for employment. I further understand that the completion of this application does not assure me of a position with the City of Auburn and does not obligate me to the cityin any way.

Please return application by March 3, 2014 to: City Hall, 1101 J Street, Auburn, NE 68305

Signature | Date