

Auburn Municipal Swimming Pool Employment Application

Last Name	First Name	Middle Name	Date of Birth
-----------	------------	-------------	---------------

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

Cell Phone Number ↑ call or text

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 give the 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 city in any way.

Please return application by March 7, 2016 to: City Hall, 1101 J Street, Auburn, NE 68305

Signature _____ Date _____