

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 ____ Part Time ____ Manager ____ Asst. Manager ____ Life Guard

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 February 15, 2019 to: City Hall, 1101 J Street, Auburn, NE 68305

Interviews will be held on March 7 and 8, 2019 (Bring a resume and summer schedule)

Signature

Date