Auburn Municipal Pool Application

Last Name	Last Name First Name			Middle Initial		Date of Birth
Address (Street Number & Name) City State			Zip Code	Code Cell Phone Number		
Type of Employment:						
Full Time Pa *Applying for the Mini-	rt Time -inn / Office po		•	Lifeguard uire lifeguard tr		Inn / Office
List any Red Cross Cer	tifications you	currently	hold:			
Certification			Expiration date:			
Certification			Expiration date:			
	re?ing to get an O	perators Lic assistant ma	cense?anager, you	u do not need to c		nployment history section. Please uties & responsibilities line.
Position	tion Date of Employment				Name & Address of Employer	
Name & Title of Immedi	Fitle of Immediate Supervisor			Phone Number		
Description of Duties and	l Responsibilit	ies				
applied for. As certified	on the Employm	ent Applicat	ion. I decla		s are true and gi	alify for the position(s) that you have ive the City of Auburn the right to on if necessary.
Signature	Date					

Please return this application by February 26th to: Auburn City Hall, 1101 J Street, Auburn, NE 68305 Interviews will be held on March 12th, 2022 at City Hall. Please bring a summer events schedule!!