

APPLICANT BACKGROUND INFORMATION:

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 10 YRS? YES NO

(Conviction will not necessarily disqualify an applicant from employment)

IF YES, PLEASE EXPLAIN:

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR YES NO

Including forfeiture of collateral within the past 10 yrs?

IF YES, PLEASE DATE AND EXPLAIN:

EDUCATION INFORMATION:

School Name	City	State	Course of Study	Graduate?	Degree	Currently Enrolled?
_____	_____	_____	_____	Y / N	_____	Y / N
_____	_____	_____	_____	Y / N	_____	Y / N
_____	_____	_____	_____	Y / N	_____	Y / N
_____	_____	_____	_____	Y / N	_____	Y / N
_____	_____	_____	_____	Y / N	_____	Y / N

A RESUME MAY NOT BE SUBSTITUTED BUT MAY BE INCLUDED AS A SUPPLEMENT

Complete ALL information in full. Begin with your most recent employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.

APPLICANT EMPLOYMENT HISTORY

1

Company Name _____ Job Position/Title _____ Supervisor's Name _____

Address _____ City _____ State _____ Zip Code _____ Dates Employed: (To/From) _____

(_____) _____ SPECIFIC DUTIES: _____

Telephone _____

May we contact this employer? YES NO _____

Reason For Leaving: _____

2

Company Name _____ Job Position/Title _____ Supervisor's Name _____

Address _____ City _____ State _____ Zip Code _____ Dates Employed: (To/From) _____

(_____) _____ SPECIFIC DUTIES: _____

Telephone _____

Reason For Leaving: _____

3

Company Name _____ Job Position/Title _____ Supervisor's Name _____

Address _____ City _____ State _____ Zip Code _____ Dates Employed: (To/From) _____

(_____) _____ SPECIFIC DUTIES: _____

Telephone _____

Reason For Leaving: _____

IF YOU NEED ADDITIONAL SPACE ATTACH A SEPARATE SHEET

	Please check all that apply: CERTIFICATION	AGENCY	EXPIRATION DATES
APPLICANT CERTIFICATIONS: (MUST BE CURRENT)	<input type="checkbox"/> Lifeguard Training	_____	____/____/____.
	<input type="checkbox"/> CPR for the Pro. Rescuer	_____	____/____/____.
	<input type="checkbox"/> PDT/BBP	_____	____/____/____.
	<input type="checkbox"/> Water Safety Instructor	_____	____/____/____.
	<input type="checkbox"/> Lifeguard Training Instructor	_____	____/____/____.
	<input type="checkbox"/> Head Lifeguard Training	_____	____/____/____.
	<input type="checkbox"/> _____	_____	____/____/____.
	<input type="checkbox"/> _____	_____	____/____/____.

APPLICANT COMMENTS:

OATH OF APPLICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT INQUIRIES MAY BE MADE IN CONNECTION WITH PROCESSING THIS APPLICATION IF HIRED. I UNDERSTAND THAT ANY FALSE STATEMENT COULD RESULT IN DISMISSAL OF MY APPLICATION

APPLICANT SIGNATURE

DATE

APPLICANT NAME (PRINTED)

For More Information Contact:

*CARL STRONG
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City of Spokane, Washington
Parks & Recreation Department
2304 E. Mallon Ave.
Spokane, WA 99202*

*Phone: 509-363-5415
Email: cstrong@spokanecity.org*

OR

*JACK BUSCH
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