

Beginning with your present position, or more recent employment and working back to school graduation if necessary, list the last three positions you held:

May inquiries be made of your present employer?

YES

NO

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1. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

2. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

3. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

4. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

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Use this space for necessary explanations. (Indicate question). List any other directly related experience. If more space is needed, please attach sheet.

NOTE: A pre-employment physical and/or drug test may be required depending on the position applying for.

OATH OF APPLICATION

I hereby certify that I have read all of the above questions and statements and fully understand their intent and meaning. I further certify that all responses are true and correct to the best of my knowledge and belief.

I understand and agree that all statements in this application are subject to investigation and verification. I am aware that any false or dishonest answer to any question on this application shall be grounds for dismissal if already appointed.

Signature: _____ Date: _____



Aquatics



Supplemental Application

APPLICANT INFORMATION

Applicant Name: Last First M.I. Date:

Position(s) Applied for: Lifeguard WSI Manager Swim Coach WX Instructor Aquatic Aide (Cashier) Night Crew

Phone Number () Email address (REQUIRED)

What is your summertime mailing address:

Do you have an alternate phone number?

If applicable, do you meet the minimum requirements for this position?

T-Shirt Size: Yth Small Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

SPECIALIZED WORK EXPERIENCE

Check skills and experience you have that may qualify you for this position:

(Please provide copies of all certifications.)

Table with 3 columns: CERTIFICATION, AGENCY, EXPIRATION DATE. Rows include Lifeguard Training, CPR /AED for Lifeguards, Blood Bourne Pathogens, Lifeguard Instructor, WSI, Food Handlers Permit, and two empty rows.

What hours are you available to work: (Check applicable) Mornings Afternoons Evenings Late Night

What days are you available to work: (Check applicable) Mon Tues Wed Thurs Fri Sat Sun

Do you have a pool preference for placement : #1: Reason: #2: Reason:

Applicant Comments:

Email completed application to jbusch@spokanecity.org Please put "Application" in the subject line

ALL APPLICATIONS (Except Night Crew) MUST INCLUDE A COPY OF CERTIFICATIONS