

**APPLICATION FOR EMPLOYMENT**

**\*\*\* SWIMMING POOL ONLY \*\*\***

City of Clear Lake  
125 Third Avenue South  
PO Box 107  
Clear Lake, SD 57226  
*An Equal Opportunity Employer*

**Answer all questions and please print!**

*In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, national origin, gender, age, sexual orientation, marital or family status, or the presence of a disability or handicap*

Date of Application: \_\_\_\_\_

Position(s) Applying For (check all that apply):  Pool Manager     Assistant Pool Manager  
 Full-time lifeguard     Part-time guard     Swimming lesson instructor  
Specify days/hours if part-time \_\_\_\_\_

Name: \_\_\_\_\_  
  Last    First    Middle

Present Address: \_\_\_\_\_  
  Street    City    State    Zip

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment Agency  Other \_\_\_\_\_

Have you filed an application or been employed here before?  Yes  No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States  Yes  No

If your job requires you to travel, do you have a valid driver's license?  Yes  No

Do you claim Veteran's Preference? (If yes, attach a copy of DD214, separation papers)  Yes  No

Give the name, address, and phone number of three (3) references not related to you or a former employee.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments and volunteer activities

Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate or Salary		
	Starting	Final	
Reason for Leaving			

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	From	To	
Address			
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If you need additional space, please continue on a separate sheet of paper

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? If so, please explain: \_\_\_\_\_

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## EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:				

## CERTIFICATIONS

- Lifeguard Training
Date \_\_\_\_\_
- First Aid
Date \_\_\_\_\_
- CPR
Date \_\_\_\_\_
- Water Safety Instructor
Date \_\_\_\_\_
- WSI Aide
Date \_\_\_\_\_

Other: \_\_\_\_\_

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connections with my application.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.

Any doctor, hospital, or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the City to determine my abilities to perform job duties now or in the future.

Passing the pre-employment physical examination, including a drug and alcohol screening test, may be a pre-requisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.

If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.

This application is current and active for only the position applied for, and it will be necessary for me to fill out a new application for other positions that may be available.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview      Yes      No      Date \_\_\_\_\_

Remarks \_\_\_\_\_

Employed:       Yes       No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_