

City of Butler, Missouri Aquatic Center Employment Application

NAME _____ DATE _____

DRIVERS LICENSE _____ PERMIT _____ NONE _____

PERMANENT ADDRESS _____
Street City State Zip

PRESENT ADDRESS _____
Street City State Zip

PHONES _____ - _____ - _____ _____ - _____ - _____ _____ - _____ - _____

CURRENT GRADE IN SCHOOL 9 10 11 12 Diploma College 1 2 3 4 5 6 Degree

POSITION(S) APPLIED FOR: MANAGER _____ LIFEGUARD _____ ADMISSIONS _____

FULL TIME _____ PART TIME _____ SUBSTITUTE _____

How did you hear about this job? Advertisement _____ friend _____ family member _____ other _____

Are you currently certified by American Red Cross in any of the following:

	YES	NO	Certification Date
CPR for the Professional Rescuer	_____	_____	_____
Lifeguard Training	_____	_____	_____
Head Lifeguard	_____	_____	_____
Lifeguard Instructor Aide	_____	_____	_____
Water Safety Instructor Aide	_____	_____	_____
Water Safety Instructor	_____	_____	_____
Instructor Candidate training	_____	_____	_____
Instructor Training	_____	_____	_____

Please attach a copy of any certifications

Are you currently enrolled in a class to become certified? (circle one) YES NO
 If yes please list course names, dates, and agency conducting the courses.

Are you willing to enroll in a class? (circle one) YES NO

Have you ever applied with us before? YES NO DATE(S) _____

Have you ever been employed with us before? YES NO DATE(S) _____

Do you expect to be gone to camps, vacation, school, etc this summer? YES NO

Dates _____ Event _____ Dates _____ Event _____
Dates _____ Event _____ Dates _____ Event _____

PREVIOUS WORK HISTORY

Agency _____ Address _____

Supervisor _____ Phone - - -

Position(s) Held _____ Date(s) Employed _____

Duties _____

Agency _____ Address _____

Supervisor _____ Phone - - -

Position(s) Held _____ Date(s) Employed _____

Duties _____

Agency _____ Address _____

Supervisor _____ Phone - - -

Position(s) Held _____ Date(s) employed _____

Duties _____

Why do you want to work for the City of Butler Aquatic Center? _____

List References Below: (name-address-phone-relationship)

1 _____

2 _____

3 _____

ADDITIONAL INFORMATION FOR APPLICANTS

Date of Birth _____
Social Security Number _____
Driver's License State _____ Number _____

Prior Arrest Record _____ Yes _____ No
(if yes give all prior arrests, including traffic tickets)

Date	Charge	Disposition	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the release of any and all information regarding my criminal history or any other information which may be requested by the City of Butler, Missouri, as part of a background investigation in relation to this application.

Applicants Printed Name _____

Applicants Signature _____ Date _____