

City of Salem Recreation Department/Salem Family Aquatic Center

Application for Employment

An Equal Opportunity Employer

Complete this Application for Employment in full and return to:

City of Salem Recreation Department

Attn: Recreation Director

101 South Broadway; Salem, IL 62881

Today's Date: _____ **Are you 16 years of age or older?** Yes No

First Name, Middle Initial, Last Name: _____

Street Address: _____ City _____ State _____ Zip Code _____

Phone Number (including area code) at which to best contact you: _____

Are you in high school college? In what grade are you? _____

If you are not a student, what is your present occupation? _____

Employment Interest

Pool Mgr **Pool Asst. Mgr** **Pool Lifeguard** **Pool Attendant** **Pool Janitorial**

If applying to work at Salem Family Aquatic Center as a **Lifeguard**, is your certification current?

Yes **If Yes**, you **must** attach a **copy** of your certification cards--front and back.
 No **If No**, when/where are you taking the lifeguard class? _____

If applying to work at Salem Family Aquatic Center as a **Pool Attendant**, which area would you prefer (rank 1, 2, & 3)--

Concessions Ticketing Water Attendant

If applying to work at Salem Family Aquatic Center, **will you be available for work until the end of the season** (*open 7 days each week thru mid-August, then weekends thru Labor Day*)? Yes No

Umpire/Referee - Are you a licensed umpire/referee? Yes No **Scorekeeper**

If applying for the position of umpire/referee or scorekeeper, league preference: _____

Have you worked for the Salem Recreation Department or SFAC previously? Yes No

If so, when and in what position? _____

Availability/Special Interests

What is the earliest possible date you are available to work? _____

Will you be available to work evenings and/or weekends? Yes No

What hobbies and special interests to you have? _____

-continued on other side-

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Please list your two most recent employers below

Company Name: _____ City/State: _____

Supervisor's Name: _____ Phone Number: _____

Are you still employed by this Company? Yes No

If not, what was your reason for leaving? _____

Company Name: _____ City/State: _____

Supervisor's Name: _____ Phone Number: _____

Are you still employed by this Company? Yes No

If not, what was your reason for leaving? _____

Please list two references (*do not* use relatives as a reference)

Name: _____ Occupation: _____

Address: _____ Phone Number: _____

Name: _____ Occupation: _____

Address: _____ Phone Number: _____

Emergency Contact Information

Name of person to contact in case of an emergency: _____

Relationship to you: _____ Phone Number: _____

I certify that all facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the City of Salem to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, or government agency to give the court records, criminal justice records, educational records, records of scholastic achievement and attendance, employment records, or personnel files.

This authorization to obtain records and information is not intended to permit the release of my medical records, medical information contained in my employment or education records, or information relating to any worker's compensation claims that may have been filed in conjunction with any prior employment.

In consideration of the City of Salem's review of this application, I release the City of Salem and all providers of information from any liability as a result of furnishing and receiving this information. I also agree that a copy of this release and waiver form is as effective as the original.

I understand and agree, that if hired, my employment is for no definite period of time and may, regardless of the date or payment of my wages and salary, be terminated at any time without prior notice.

Signature

Date