

# APPLICATION FOR EMPLOYMENT CITY OF WABASH, INDIANA

*An Equal Opportunity Employer*

## POOL APPLICATION

The City of Wabash, Indiana does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability in employment or the provision of services.

Please type or print responses to **ALL** questions on the application form. Any application not completed in its entirety will be disqualified. All questions **MUST** be answered. Do not leave any blank spaces. Write N/A in the space provided, if a question does not apply.

Position: **HONEYWELL POOL LIFEGUARD APPLICATION**

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

Address: \_\_\_\_\_  
Street City Zip Code

Phone: \_\_\_\_\_ Are you at least 16 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Email for electronic billing: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

**Aquatic & Life Saving Certifications (Dates & Locations of completion & Instructor)**

A. Jr. Lifesaving \_\_\_\_\_

B. Sr. Lifesaving \_\_\_\_\_

C. WSI \_\_\_\_\_

D. CPR \_\_\_\_\_

E. First Aid \_\_\_\_\_

F. Other \_\_\_\_\_

**AQUATICS WORK EXPERIENCE (LIST MOST RECENT EMPLOYER FIRST)**

<b>Pool or Beach</b>	<b>Location</b>	<b>Supervisor</b>	<b>Date of Emplmt</b>	<b>Duties</b>
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**Note: For each aquatics and lifesaving certification you have listed above, include a Xerox copy (front and back) of your certification card or certificate of completion with this application. You will not be considered for employment unless proof of certification is submitted. Copies can be made upon request at City Hall, 202 S Wabash Street, Wabash, IN.**

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<b>Applicant's Signature</b>	<b>Date</b>

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## PERSONAL INFORMATION

How many days per week would you like to work? \_\_\_\_\_ Sub only? \_\_\_\_\_

Are you involved in a fall sport or other school activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to continue to work at the pool around this activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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**\*List three references who are not related to you and are not former employers or supervisors:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of years known \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of years known \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of years known \_\_\_\_\_

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## APPLICANT CERTIFICATION

**Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs contact the employer before initialing.**

\* I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

\* I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

\* I understand and accept that if any information required in this application is found to be falsified or intentionally excluded that my application may be disqualified from further consideration. I further understand and accept that, if the employer employs me, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

\* Solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

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Applicant's Signature

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Date

