

Application for Employment

New Employee Returning Employee		You are not required to furnish any information, which is prohibited by federal, state, or local law.			
FIRST NAME:		LAST NAME:		MIDDLE:	SOCIAL SECURITY NO.:
Home Address:			Other Address (College/Summer, if applicable):		
City:		State:	Zip:		City:
					State:
				Zip:	
Telephone:			Telephone:		
Cell:			Date of Birth:		
Email:			If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
JOB PREFERENCES					
What is your preferred position? Lifeguard Pool Manger				Desired pay:	
CERTIFICATIONS					
All my certifications are good through Labor Day <input type="checkbox"/>			One or more of my certifications expire before Labor Day <input type="checkbox"/>		
My certifications have already expired <input type="checkbox"/>			I have never been certified <input type="checkbox"/>		
HOW DID YOU LEARN ABOUT US? (Please check one)					
Friend-First & Last Name:		Worksource <input type="checkbox"/>		Flyer/Mailer/Poster <input type="checkbox"/> Website <input type="checkbox"/>	
Facebook <input type="checkbox"/>		High School <input type="checkbox"/>		Other: <input type="checkbox"/> I am a returning employee <input type="checkbox"/>	
PREVIOUS EXPERIENCE (If you are a returning employee, SKIP to the Availability section.)					
Company:			Kind of Business:		
Address:		City:	State:	Zip:	Phone:
Position:		Pay Rate:	Employed From:		To:
Name of Supervisor:			Reason for Leaving:		
Company:			Kind of Business:		
Address:		City:	State:	Zip:	Phone:
Position:		Pay Rate:	Employed From:		To:
Name of Supervisor:			Reason for Leaving:		
REFERENCE					
Name:		Phone:	Email:		Relationship:
Name:		Phone:	Email:		Relationship:
Name:		Phone:	Email:		Relationship:

EDUCATION				
Name of High School:		Location:		Graduation Date:
College:		Major:		Graduation Date:
WHAT ABOUT YOUR FRIENDS? Please list any friends/family that may be interested in working with us this summer.				
Name:	Email:	Phone:	Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Email:	Phone:	Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Email:	Phone:	Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Email:	Phone:	Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Email:	Phone:	Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
LEGAL / EMERGENCY				
In the case of an emergency, please notify:			Phone:	
Can you perform the essential functions of this job without reasonable accommodations? * Yes <input type="checkbox"/> No <input type="checkbox"/>				
What, if any, accommodations are required?				
Are you legally authorized to work in the United States?				
Since your 18th birthday, have you been convicted of a felony by any court? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>				
If so, explain:				

*A lifeguard, by definition, has a legal duty to protect the safety of people in an assigned area. Lifeguards have a professional obligation to prevent potential accidents by enforcing the rules and regulations of an aquatic setting and to react to any emergencies that occur. To be a professional lifeguard, a person must have certain physical fitness, certification of lifeguard training, first aid, cardiopulmonary resuscitation, and other requirements, which may be tailored to the specific needs of the facility. In addition to these requirements, however, lifeguards need certain personal characteristics, knowledge, and skills to function effectively. Lifeguards must be caring, strong, quick to respond, confident, physically fit, and intelligent persons with good interpersonal skills. Because of the hazardous duty of the lifeguard, some candidates with physical or mental conditions may be certified as lifeguards but may not be qualified for the job of a professional lifeguard. Lifeguards must always have a high level of physical fitness, including hearing, sight, speed, strength, endurance, and flexibility, all of which are vital to a rescue. A professional lifeguard must be able to remain alert with no lapses in consciousness, be physically able to sit for extended periods, including in elevated chairs; communicate verbally including projecting the voice across large distances; be able to hear noises and sounds of distress even outside one's vision.

Lifeguards must have emotional stability and make sound decisions that conform to facility policies when dealing with difficult decisions since the decisions of a lifeguard may affect the total facility staff and the lives of others. Lifeguards must have a positive attitude to be able to fully cooperate with other guards in a team effort and adhere to rules and regulations in a successful operation of a facility. Lifeguards must have the physical and mental conditions necessary to be able to properly and timely activate the EMS system and complete the EMS system in the case of an emergency.

"I certify that the 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 investigation of all statements contained herein and the references listed above may give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Signature: _____ Date: _____



Employee Information

Name: _____ Date: _____

DOB: _____ SSN: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

I-9 FORM: W-2:

Notify In Case Of Emergency

Name: _____ Phone: _____

Address: _____

Lifeguard Apparel

Swimsuit Size: _____ Board Short Size: _____ T-Shirt Size: _____

For all employees, employer will deduct a total of \$70.00, in installments of \$35.00 per paycheck from employee's first two (2) paychecks to cover the basic uniform package.

Employee Signature: _____ Date: _____

Town Manager Signature: _____ Date: _____



Availability Evaluation

Name: _____ Date: _____

Please fill out your summer availability on this form to the best of your knowledge. This will help us create a summer schedule that works for everyone. It is in your best interest to complete this form as accurately as possible in order to prevent any future problems.

What is your last day of school? ____/____/____ When are you available to start working? ____/____/____

When do you return to school? ____/____/____ What is your projected last day of work? ____/____/____

Desired number of hours you would like to work per week: _____

I am involved with regular activities (sports, band, classes) that may conflict with my schedule. Yes No

Please give sports schedule: _____

Will you be available weekends while school is in session? Yes No

If no, please explain: _____

Will you be available weekday afternoons when school is in session? Yes No

If no, please explain: _____

Will you be available to work Memorial Day Weekend? Yes No Labor Day Weekend? Yes No

If no, please explain: _____

Please list any vacations, specific days you need off, expected summer class schedules or schedule conflicts that you know about:

**All employees must adhere to standard policy procedures regarding vacation requests. This document is not considered a formal request.*

Overall Weekly Availability

Please write "OPEN" in any square that you are available to work and put an X in any square where you are unable to work.

Please note that weekend availability is a requirement for our pool.

	SUN	MON	TUES	WED	THU	FRI	SAT
MORNING							
EVENING							

Signature: _____

Date: _____ Staffing Department: _____

Town of Lakeview | 525 North 1st Street, Lakeview, Oregon 97630 | (541) 947-2020 | www.townoflakeview.org

We are an equal opportunity employer. All applicants for employment will be considered without regard to race, color, religion, sex, national origin, disability or age.

This application will remain active for 45 days. After that time, the applicant must renew it if he/she wishes to be reconsidered for employment.