

## 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): \_\_\_\_\_

Cell Phone Number (including area code): \_\_\_\_\_

Are you in ☐ high school ☐ college ☐ not in school? What grade level in school are you? \_\_\_\_\_

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

**Employment Interest**☐ Pool Asst Mgr ☐ Pool Deck Supervisor ☐ Pool Lifeguard ☐ Pool Attendant ☐ Pool GroundskeeperIf applying to work at Salem Family Aquatic Center as a lifeguard, do you already have your certification? ☐ Yes **If Yes, you must attach a *copy* of your certification cards.**☐ No **If No, when/where are you taking the lifeguarding class? \_\_\_\_\_**☐ 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 Dept. 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? \_\_\_\_\_

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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** that you know well enough to recommend you (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 of payment of my wages and salary, be terminated at any time without prior notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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11/2013