

INSTRUCTIONS:

New Applicants:

If you are new employee candidates for the City of Quincy please fill out and return both the Aquatic Center Application and the Employment Application.

Returning Employees:

Fill out and return the Aquatic Center Application only.

**CITY OF QUINCY
AQUATIC CENTER APPLICATION**

Position Applied for: _____ **Date of Application:** _____

Name: _____

Address: _____ Phone #: _____

Drivers Lic # _____ Social Security # _____

Cell/Message Phone #: _____ Staff Swim Suit Size: _____

Do you have a current Lifeguarding card? Yes ___ No ___, WSI card? Yes ___ No ___

Do you have a current First Aid card? Yes ___ No ___, CPR card? Yes ___ No ___

Swimming Qualifications and/or experience: _____

What do you think your best qualifications are for the position?

If employed and you are under 18, can you furnish a work permit? Yes ___ No ___

Have you ever been employed here before? Yes ___ No ___ If yes, when? _____

Date available to work? _____

Applicant's Signature

Date Signed

Veteran of the U.S. Military service? ____ Yes ____ No If yes, what branch? _____

Indicate languages you speak, read, and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

List relatives now employed by the City of Quincy:

Name: _____ Relationship: _____

Some positions with the City of Quincy involve the ability to perform physical tasks, lifting, carrying, walking, driving vehicle and acting under stress. Do you have any restrictions or liabilities, or are you under the care of a physician for any reason that would prevent you from being able to perform any of the above listed items: If so, please describe:

EMPLOYMENT EXPERIENCE

Start with your present or last job, include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer ()	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate Starting Final	
Supervisor			
Reason for Leaving			

Employer ()	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate Starting Final	
Supervisor			
Reason for Leaving			

Employer ()	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate Starting Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and qualifications

Summarize special skills and qualifications acquired from employment of other experience:

EDUCATION

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed/ Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree	X			
Describe Course of Study				
Specialized Training				

Honors received: _____

(State any additional information you feel may be helpful to us in considering your application)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

VOLUNTARY RELEASE OF BACKGROUND INFORMATION

The undersigned hereby consents to a background investigation conducted by the City of Quincy to include criminal history, driving record, current and past employers and personnel files. The undersigned specifically waives any right to inquire as to the contents of, or obtain copies of, the material secured as a result of such background investigation.

Signature of Applicant

Date

PRE-EMPLOYMENT DRUG & ALCOHOL TESTING

If job applied for by applicant requires Commercial Driver's License (CDL), the applicant agrees to a "Pre-Employment Drug & Alcohol Test" before confirmation of employment. Applicant also consents to the City of Quincy investigating applicant's records with employers from the past 5 years for drug & alcohol abuse.

Signature of Applicant

Date