



City of Hermann
1902 Jefferson Street
Hermann, MO 65041
573-486-4500
573-486-3658 fax

**APPLICATION FOR EMPLOYMENT
 SWIMMING POOL**

Date _____

Social Security Number _____

Name _____
 Last First Middle

Present Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

Phone Number _____ Referred by _____

Position desired _____ Date you can start _____

Salary desired _____ If applying for Manager would you accept guard? _____

How many hours per week are you willing to work? _____

Are you employed? _____ If so may we inquire of your present employer? _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECT
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High _____

College _____

Trade, Business, _____

Or Correspondence School _____

Have you had any of the following? If so, give date completed instruction.

Jr. Life Saving _____ Sr. Life Saving _____

Water Safety Instructor Training _____ First Aid _____

Date of Birth: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you had previous park or pool experience? If so please state when and where _____

PHYSICAL RECORD

Do you have any physical disabilities that preclude you from performing any work which you are being considered? _____

Why do you want to work at the pool? _____

FORMER EMPLOYEES (List below last four employers, starting with last one first)

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Date _____ Signature of Applicant _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No

Remarks _____

Employed ___ Yes ___ No Date of Employment _____ Interviewer _____ Date _____

Hourly Rate/Salary _____ Department _____ Job Title _____

By _____

Name and Title

Date