



**Certifications: Note we cannot hire lifeguards without certification. Please supply copies of certificates when returning this application form or a note indicating when certification will be obtained.**

Lifesaving: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

When and where taken: \_\_\_\_\_

WSI: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

When and where taken: \_\_\_\_\_

Do you have current CPR Certification: \_\_\_\_\_

Any First Aid Classes taken: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Years of experience as a lifeguard: \_\_\_\_\_

Places of employment and dates of employment: \_\_\_\_\_

What hours would you be available to work: \_\_\_\_\_

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

Would you be able to work until Labor Day? \_\_\_\_\_

Would you be willing to be a substitute? \_\_\_\_\_

It is my understanding that the City will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews, and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I specifically waive written notice of such disclosures from my former employers In consideration of the City's review of this application, I release the City and all providers of information from any liability as a result of furnishing and receiving this information.

I understand that nothing contained in this application, or in the granting of an interview, creates an offer of employment. If I am granted employment, I agree to conform to the rules and regulations of the City of Breda. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the City or myself.

I acknowledge the confidential nature of business conducted by the City and I agree, if employed, not to communicate to any outside person, any information concerning City business or customers of the City.

I understand that this application is good only for one hundred twenty (120) days from today's date. If I still desire a position with the City after this application expires, it will be my responsibility to fill out a new application and file it with the City. Otherwise, the City will not consider me for employment after this application expires.

The information on this and all employment forms is true and accurate to the best of my knowledge. In the event of employment, any falsification or misstatement of facts may be cause for dismissal.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE