

THE CITY OF MONONA

PO Box 298, 104 E Center St., Monona, IA 52159-0298

Phone 563-539-2355 • Fax 563-539-4774

www.mononaiowa.com

EMPLOYMENT APPLICATION FOR MONONA AQUATIC CENTER

POSITION APPLYING FOR: _____

DATE AVAILABLE TO START: _____

IF APPLICABLE.... WHEN WILL YOU BE LEAVING FOR COLLEGE / LAST DAY? _____

PERSONAL DATA

NAME: _____
(LAST) (FIRST) (M.I.)

SOCIAL SECURITY NUMBER: _____ BIRTHDAY: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES / NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO

ARE YOU ABLE TO WORK WEEKENDS? YES / NO

ARE YOU ABLE TO WORK HOLIDAYS? YES / NO

WOULD YOU LIKE TO BE CONSIDERED FOR HEAD GUARD? YES / NO

HAVE YOU WORKED AT THE MONONA AQUATIC CENTER IN THE PAST? YES / NO

IF YES, PLEASE EXPLAIN POSITION AND DATES OF EMPLOYMENT

DO YOU HAVE ANY ACTIVITIES (JOBS/SPORTS) THAT MAY CONFLICT WITH POOL SCHEDULE? YES / NO

IF YES, PLEASE EXPLAIN: _____

EDUCATION AND TRAINING

HIGH SCHOOL: _____ YEARS COMPLETED: _____ GRADUATE: YES / NO

COLLEGE: _____ YEARS COMPLETED: _____ GRADUATE: YES / NO

LIST ANY TRAINING, CERTIFICATIONS OR EXPERIENCE RELATED TO THE JOB YOU ARE APPLYING FOR.

CONTINUE ON BACK.....

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PERSONAL REFERENCE

NAME

CITY

TELEPHONE NUMBER

1. _____

2. _____

3. _____

EMPLOYMENT REFERENCES (IF ANY)

COMPANY

CITY

TELEPHONE NUMBER

MAY WE CONTACT

1. _____ YES / NO

2. _____ YES / NO

3. _____ YES / NO

DO YOU HAVE THE FOLLOWING CERTIFICATIONS?

		EXPIRATION DATE
RED CROSS WATER SAFETY INSTRUCTOR (WSI)	YES / NO	_____
AMERICAN RED CROSS LIFEGUARD	YES / NO	_____
AMERICAN RED CROSS 1 ST AIDE	YES / NO	_____
AMERICAN RED CROSS CPR	YES / NO	_____

IF THESE CERTIFICATIONS EXPIRE BEFORE SEPTEMBER 1ST, ARE YOU AVAILABLE TO ATTEND LIFEGUARD/ 1ST AIDE/ CPR CLASS TO UPDATE YOUR CERTIFICATION? YES / NO

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

SIGNATURE: _____ **DATE:** _____

Please watch your email, The City of Monona will communicate first through email.

Make sure to check Junk Mail.