

# 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](http://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

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

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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### 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.

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CONTINUE ON BACK.....

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### ***PERSONAL REFERENCE***

<u>NAME</u>	<u>CITY</u>	<u>TELEPHONE NUMBER</u>
1.		
2.		
3.		

### ***EMPLOYMENT REFERENCES (IF ANY)***

<u>COMPANY</u>	<u>CITY</u>	<u>TELEPHONE NUMBER</u>	<u>MAY WE CONTACT</u>
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 <sup>ST</sup> AIDE	YES / NO _____
AMERICAN RED CROSS CPR	YES / NO _____

**IF THESE CERTIFICATIONS EXPIRE BEFORE SEPTEMBER 1<sup>ST</sup>, ARE YOU AVAILABLE TO ATTEND LIFEGUARD/ 1<sup>ST</sup> 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.