



APPLICATION FOR LIFEGUARD SUMMER EMPLOYMENT

335 MAIN ST PO BOX 598 LYONS, NE 68038

402-687-2485

cityoffice@lyonsne.com

EQUAL OPPORTUNITY EMPLOYER

Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic. **All employees must be 15+ years of age.**

Full Legal Name: _____

Address: _____

Mailing Address (if different than above): _____

Phone # _____ **Email:** _____

If a Minor- Parents Name and Phone # _____

T-shirt size _____

Position applied for: (please circle department(s) applying for)

I am applying for: ☐ Lifeguard ☐ Manager ☐ Assistant Manager
☐ Pool Attendant

Lifeguard Certifications - Please check below certification & indicate expiration date

Lifeguarding with CPR/AED for
professional Rescuers and First Aid

yes () no ()

Expires: _____

Swimming Pool Operator

yes () no ()

Expires: _____

Please check if you need

information on upcoming

certification classes:

yes () no ()

Are you at least 18 years of age?

☐ Yes ☐ No

If no, please list Date of Birth: _____

Are you legally eligible for employment in the United States?

☐ Yes ☐ No

Have you ever been employed by City of Lyons?

☐ Yes ☐ No

If yes, dates of employment: _____

On what date would you be available for work? _____

How did you learn about this position? _____

EMPLOYMENT HISTORY

Date Month/Year	Name/Address/Telephone of Former Employer	Salary	Job Title	Department	Reason for Leaving
From:		\$			
To:		Per			
From:		\$			
To:		Per			

AVAILABILITY – To help us consider you for a job that matches your availability, please indicate all days and hours your normal working hours can include. **We understand that plans change, please answer to the best of your knowledge.**

On a regular basis, are you able to work?

Memorial Day through Mid August? ☐ Yes ☐ No

Weekdays (Monday-Friday)? ☐ Yes ☐ No

Sundays? ☐ Yes ☐ No

Saturdays? ☐ Yes ☐ No

Day Time Hours? ☐ Yes ☐ No

Evening Hours? ☐ Yes ☐ No

Holidays? ☐ Yes ☐ No

If you answered "No" to any of the above, please explain why normal working hours cannot include each of these dates:

Provide any additional informational information that would affect your availability (i.e. specific hours or dates not available for work- this does not guarantee this time off, although we make every attempt to accommodate requests for time-off):

EDUCATION

	NAME/LOCATION OF SCHOOL	MAJOR/COURSE	LAST GRADE COMPLETED (circle)				
			8	9	10	11	12
High School/ Middle School							
College/ University			1	2	3	4	
Trade, Business, Correspondence School			1	2	3	4	

REFERENCES

	<u>Name</u>	<u>Relationship to Applicant</u>	<u>Contact Information</u>
Reference # 1			
Reference # 2			

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that any material omissions and/or false information in this application, my resume, or any other materials, or during any interviews, will be justification for rejection of employment or, if employed, termination from the City's employ, without advance notice at any time. I hereby also agree to hold the City of Lyons harmless in divulging the information contained in the application form as well as any personal records developed as a result of employment with the City of Lyons.

I understand I am required to abide with mandatory drug and alcohol testing policies as a stipulation of employment for safety sensitive positions covered by the Federal Department of Transportation Regulations. Employees who test positive are subject to disciplinary action up to and including termination.

I understand that unless otherwise defined by applicable law, employees of the City of Lyons serve in an "at will" capacity and can be discharged either with or without cause. THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT.

This application must be signed and dated for consideration of employment.

Applicant's signature _____ Date ____/____/____