

# City of Flatonia

## Application for Employment

### 2024 Lifeguard – Part Time

**Mandatory Training Dates: May 4-5, 2024 at Flatonia City Pool**  
**MUST BE AVAILABLE THESE DAYS!**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (mailing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Do you currently have lifeguard certification? \_\_\_\_\_ If yes, when does it expire? \_\_\_\_\_

List the names of relatives who currently work for the City of Flatonia (if any): \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Do not include minor traffic violations. If yes, describe in full. \_\_\_\_\_

Do you have any physical defects that would require special assistance to perform the duties associated with your employment? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name & City	Course of Study	Years Attended	Did you graduate?	Diploma/Degree
High School					
College					
Trade					
Other					

**REFERENCES**

Do not include family members.

Name	Phone Number or Email	Relationship

## RECORD OF EMPLOYMENT

Beginning with your present or last employer, list your previous positions and employers. Explain any gaps in employment.

Employer's Name		Start date of employment		Starting wage
Employer's Address				
Employer's Phone number		End Date of employment		Ending wage
Supervisor's Name				

Describe in detail the work you performed \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

Employer's Name		Start date of employment		Starting wage
Employer's Address				
Employer's Phone number		End Date of employment		Ending wage
Supervisor's Name				

Describe in detail the work you performed \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

Employer's Name		Start date of employment		Starting wage
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Describe in detail the work you performed \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_