

To: Job Applicant

Re: Application for Employment - Lifeguard

Thank you for your interest in applying for a position with the City of Live Oak as a Lifeguard. This is a temporary position lasting during the pool season.

An Application for Employment – Lifeguard is attached. Please complete all items on this application form and answer all of the questions. *Please print clearly*. If you need additional space for an item, please continue on a separate sheet of paper.

In addition, *if currently certified*, please include a copy of your current Lifeguard Certification with your application.

Please insure you have signed and dated your application. <u>If you are under the age of 18 years, the consent block must also be signed by a parent or guardian.</u>

Also, please complete the EEO Statistical Data Form, which is the last page of the application. This form is filed by Human Resources and is used for statistical reporting only.

When you have completed your application, you may drop it off with the City Receptionist in the lobby of City Hall, or you can mail it to the following address:

The City of Live Oak Human Resources 8001 Shin Oak Drive Live Oak, TX 78233-2497

All of the applications that are received prior to the closing of the posting will be considered. Job interviews will be held during the next few months, as applications are received, and will be set-up for late afternoons. The Live Oak Municipal Swimming Pool is scheduled to open on Memorial Day weekend.

If you have any questions concerning your application, please contact the Human Resources Office at 210-653-9140 extension 2201 or Courtney Weese, Recreation Specialist, extension 2235 or by email cweese@LiveOakTX.Net.

The City of Live Oak

APPLICATION FOR EMPLOYMENT

LifeguardAn Equal Opportunity/Affirmative Action Employer

PERSONAL DATA: (Please print clearly)	For Office Use Only Date Received:
(Last Name, First, Middle Initial)	To Department: Interview Date:
(Street Address)	Action:
(City) (State) (Zip Code) Email Address: _	
Telephone Numbers: Home: () or Cell:() _	
GENERAL INFORMATION:	
Have you ever been employed by the City of Live Oak as a Lifeguard Yes No Dates:	1?
Have you ever filed an application with the City of Live Oak for any Yes No Dates:	position?
Are you related to any employee or other official of the City of Live (Yes No	Oak?
Are you a citizen of the United States: Yes No	
If no, do you possess an Alien Registration Card? Yes	No
Have you ever been convicted of a felony or other crime? Yes	No
If yes, please explain	
Do you possess a valid motor vehicle operator's license? Yes License # State: T	No ype:
Have you been dismissed or asked to resign from a previous job in th Yes No	e last three (3) years?
When would you be able to start work?	
Do you meet the minimum age requirement for the position of Lifegu	aard? Yes No
Do you currently have a Certificate for Lifeguarding? Yes	No
If you have not started a Certification Course, would you like to take Oak? Yes No	the course provided by Live

EDUCATION AND TRAINING:

Name of School Attended	Dates Attended From - To	Average Grade	Degree Y/N	
High School:College/University:				- -
PREVIOUS EMPLOYMENT: Employer: Address: Reason for Leaving/Still Employed: Supervisor: Employer: Address: Reason for Leaving/Still Employed: Supervisor: Employer: Address: Reason for Leaving/Still Employed: Supervisor: Employed: Employed: Supervisor: Employed:	From – To: Job Title: _ Salary: From – To: Job Title: _			- - - -
REFERENCES: Please list three (3) references:				
NAME A	DDRESS	TEL	EPHONE	_
				_ _
I certify that the statement and information my knowledge, and I authorize any former representative any and all employment record understand that the information will be usemployment with the City. A photocopy of	employer to release to the ords and other information sed for the purpose of evalu	City of Live Oak it may have abou ating my applica	or to its authorized to my employment ation for	ed
Signature of Applicant			Date	-
I hereby give my permission for my son/da Live Oak, and will allow him/her to work to				_
Signature of Parent/Guardian			Date	-

EEO STATISTICAL DATA FORM

Dear	An	nlic	ant:
Dom	1 1		uii.

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to help fulfill our commitment, we would appreciate your supplying the information requested below.

<u>PLEASE NOTE</u>: The information requested on this form will be used for <u>statistical reporting purposes only</u>. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired.

SEX:	AGE (in years):		
RACIAL/ETHNIC GROUP	SOURCE OF INFORMATION ABOUT APPLYING		
☐ Caucasian (Not of Hispanic Origin)	☐ Posted job announcement		
☐ Black (Not of Hispanic Origin)	☐ Texas Employment Commission		
☐ Hispanic	☐ Current employee		
☐ Asian or Pacific Islander	☐ Friend		
☐ American Indian or Alaskan Native	☐ Professional publication		
	☐ Newspaper		
	Just walked in		
	Other (Specify)		

(Disability is described as:

- 1. physical or mental impairment which substantially limits a major life activity;
- 2. previous record of such an impairment; or
- 3. being regarded as having such an impairment.