

CITY OF CLARION AQUATIC CENTER APPLICATION  
121 1<sup>st</sup> Street SW, PO Box 266, Clarion, Iowa 50525

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

Date of Availability: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Do you speak a foreign language? \_\_\_\_\_ What? \_\_\_\_\_

TRAINING AND CERTIFICATION  
(Proof of certification is required)

Lifeguard Training:  CPR:  AED:  WSI:  Other: \_\_\_\_\_

EMPLOYMENT/AQUATIC EXPERIENCE

Please give details about you most recent employment

Name of pool/company: \_\_\_\_\_ Phone number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employment dates: \_\_\_\_\_ Job title: \_\_\_\_\_

Duties: \_\_\_\_\_

Have you taught swim lessons? \_\_\_\_\_

Cashier Experience? \_\_\_\_\_

Worked in a concession stand? \_\_\_\_\_

Please list any other experience and/or training: \_\_\_\_\_

POSITION DESIRED

Head Lifeguard/Manager  Lifeguard  Concession Manager  Concession staff

Have you ever been/are an applicant or an employee of the City of Clarion?

If applicant: Date of Application \_\_\_\_\_ If employee: Date of employment: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Department/Supervisor: \_\_\_\_\_