

City of Flatonia

Application for Employment

Lifeguard – Part Time

(Please type or print)

Mandatory Training Dates: TBD
MUST BE AVAILABLE THESE DAYS!

PERSONAL INFORMATION

Name _____ Date _____

Address (mailing & physical) _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Driver's License # _____

Name and phone number(s) of person to be notified in case of emergency or accident: _____

List the name of relatives that 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					

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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Supervisor's Name				

Describe in detail the work you performed _____

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