		U U							
Please complete this	s application by typing or prin	ting in ink. INCOMPLET	E or UNSIGN	ED applica	ations will no	ot be considered.			
✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.									
🖌 Do you need an acc	✓ Do you need an accommodation to participate in the application or interview process? □ Yes □ No								
Employer Town of Culbertson									
Position Applying for: Manager Assistant Manager WSI Cert. Lifeguard Lifeguard*									
POOL MANAGER- *Full Description can be requested from the Townhall office. Performs administrative, supervisory, and professional work in the operation and maintenance of a swimming pool and in coordinating various aquatics programs. Has Ability to be or is a Red Cross Certified Lifeguard									
professional work in the opera ability to be or is a Red Cross WATER SAFETY INSTRUCT	OR (WSI) CERTIFIED LIFEGUARD	g pool and in coordinating var	ious aquatics practices provide a construction of the second second second second second second second second s	rograms and	d serving as a p	oool lifeguard. Has			
our Aquatic Instructor Training program, you can help recreational swimmers meet their goals, refine their skills and stay safe in, on, and around water. LIFEGUARD (MUST BE 15 YEARS OF AGE)- * <u>Full Description can be requested from the Townhall office</u> . Has Ability to be or is Red Cross Certified. Performs routine public contact and safety work in teaching swimming lessons and serving as a pool lifeguard.									
PERSONAL DATA									
Name			Phone	e ()	_				
Address						Zip			
	erator CDL	Will you be 15							
Emergency Contact:		Relation:		hone (-			
			<u>.</u>	nono (/				
	ED/HiSET? 🗌 Yes 🗌 No	Post Secondary Deg	aree?						
Name of school beyond		T ost occorriary Dec							
Years Attended		Date Comple	ted						
	t most recent work experience	· · ·							
		Increadicto	Supervisor						
Complete Address			· -						
	Street / P.O. Box		City		State	Zip Code			
Job Title			-	Phone	()	-			
Job Description (duties,	skills, equipment used)								
Dates: From (mm/yy)	/ To (mm/yy)	/ Reason for	leaving						
WORK EXPERIENCE									
Company Name		Immediate	Supervisor						
Complete Address									
Job Title	Street / P.O. Box		City	Phone	State ()	Zip Code -			
	skills, equipment used)								
Dates: From (mm/yy)	/ To (mm/yy)	/ Reason for I	eaving						

WORK EXPERIENCE							
Company Name		Immediate Supervisor					
Complete Address							
	Street / P.O. Box	City	State	Zip Code			
Job Title			Phone ()	-			
Job Description (duties, s	skills, equipment used)						
Dates: From (mm/yy)	/ To (mm/yy) /	_ Reason for leaving					
ADDITIONAL INFORMATION	THAT COULD HELP YOU QUALIFY FOR	THIS POSITION					
	es (include dates), certificates, curre		ent and other skills.				
_	Will Attend Class Have Certifi						
LIST REFERENCES (prefe	rably persons who know about your	work/training)					
Name	Address		Phone Numbe	er			
			()	-			
			()				
-							
			()	-			

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? \Box Yes \Box No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

ACKNOWLEDEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement falsification or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

I understand that, if employed by the Town of Culbertson, I will be required to provide proof of my identity and the legal right to work in the United States within 3 business days of the date employment begins, to verify my employability in compliance with Federal Law.

I understand that, if employed by the Town of Culbertson in a position requiring a Commercial Drivers License (CDL) that in accordance to Federal regulations, I will be required to participate in random Drug and Alcohol Testing.

If offered employment with the Town of Culbertson, I understand that I must comply with all the Town's policies, rules and procedures.

Signature: