



City of Milton-Freewater
AQUATIC CENTER
Employment Application



INSTRUCTIONS: Please complete LEGIBLY (print or type) all sections, date and sign. Incomplete applications may result in elimination for the position. Request a position open notification card if you are interested in other positions.

POSITION APPLYING FOR:	WILLING TO WORK (PART TIME or FULL TIME)
NAME & ADDRESS:	PHONE NUMBER & EMAIL
PLEASE ENTER DATE AVAILABLE FOR WORK:	LAST YEAR OF SCHOOL (HIGH SCHOOL & COLLEGE)
<p>LIFEGUARD CERTIFICATES (PLEASE ENTER DATE OF CERTIFICATION):</p> <p>Lifeguard Training CPR for the Professional Rescuer First Aid Bloodborne Pathogen Training Water Safety Instructor (WSI)</p> <p>NOTE: Employment may not begin until photocopies of current certifications are submitted to the Human Resource Department in City Hall or to an Aquatic Center Manager.</p>	<p>CONCESSION CERTIFICATES (PLEASE ENTER DATE OF CERTIFICATION):</p> <p>Food Handlers Permit</p> <p>NOTE: Employment may not begin until photocopies of current certifications are submitted to the Human Resource Department in City Hall or to an Aquatic Center Manager.</p>
COURSES, TRAINING OR SKILLS RELEVANT TO POSITION:	COURSES, TRAINING OR SKILLS RELEVANT TO POSITION:
Are you related to any current City employees? Specify name if so:	Employment History (Position, dates employed, duties required)
References (Name, Address, phone, relationship)	<p>I swear that the information supplied herewith is accurate and true:</p> <p>Sign: Print Name: Date:</p>

City of Milton-Freewater is an equal opportunity employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or mental or physical disability, unless based upon a bonafide occupational qualification.

WAIVER & AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern,

I authorize you to furnish the City of Milton-Freewater with any and all information that you have concerning me, my work record, and my reputation. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Milton-Freewater in determining my qualifications and fitness for the position I am seeking with the City.

I hereby release you, your organization and other from any liabilities or damages which may result from furnishing the information requested. I understand that any information obtained will be strictly confidential. I also understand that as a matter of policy the City of Milton-Freewater may conduct a criminal offender check through the Oregon State Police Law Enforcement Data System (LEDS) and I hereby give my authorization to do so. **PARENTAL AUTHORIZATION IS REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18. TO COMPLETE THE BACKGROUND, APPLICANT WILL SUPPLY THEIR SOCIAL SECURITY NUMBER, DRIVER LICENSE INFORMATION (IF APPLICABLE) AND DATE OF BIRTH.**

Applicant's Signature:	Please print your name:
Date:	Date of Birth (for applicant's under age 18)
Applicant's Social Security Number:	Applicant's Driver License Number & State:
Parent's signature for applicants under age 18:	Parent's printed name: