



Employment History

Dates Employed	Name of Organization	Position	Supervisor	Phone

References (other than relatives and past employers)

Name	Phone	Relationship	Years Known

<u>Certifications</u>	<u>Expiration Date</u>	<u>Certifications</u>	<u>Expiration Date</u>
Standard First Aid	_____	C.P.R.	_____
Water Safety Instructor	_____	CDL License	_____
Lifeguard Training	_____	Other: _____	_____

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application Agreement

*It is understood and agreed upon that any misrepresentation by me in this application will result in cancellation of this application and separation from the employer's service if I have been employed. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.*

*I understand and agree that in compliance with the City's drug and alcohol testing policy for employees, I may be asked to submit to random alcohol and/or illegal drug testing before starting my employment with the City and/or during the course of my employment. I also understand that positive test results may have an adverse affect on my employment with the City in accordance with the City's Drug Testing Policy.*

*I understand that, just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, subject to the requirements of federal and state law. I understand that no representative of the Employer has the authority to make any assurance to the contrary.*

X \_\_\_\_\_  
Signature of Applicant indicating acceptance and understanding

\_\_\_\_\_  
Date



**Veteran Status:** *I wish to identify myself as a covered veteran.*

- Disabled Veteran—(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran—Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Armed Forces Service Medal Veteran—Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Other Protected Veteran—A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

**Disability Status**

- I wish to identify myself as an individual with a disability. "Individual with a disability" includes any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities.

*You are not required to provide the above information. If you do, efforts will be made to keep the information confidential, except where disclosure is required by law or where disclosure is necessary in order to provide a reasonable accommodation.*