

Ruby Valley Swimming Pool Application For Employment

Pool Advisory Committee
C/O Ruby Valley Swimming Club
PO Box 96
Sheridan, MT 59749

We strive for a fun, safe, educational swimming pool center!

Sheridan Alder Area
Park & Recreation
District is an Equal
Opportunity
Employer and is
committed to
excellence through
diversity.

Please print or type.
The application must
be fully completed to
be considered.
Please complete
each section, even if
you attach a resume.
Attach an additional
sheet of paper for
more room if needed.

Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen?		Have You Ever Been Convicted of a Felony?		
Yes	No	Yes	No	

Position

Position You Are Applying For	Available Start Date	Desired Pay
Do you have previous lifeguard experience?	If Yes, list dates and location(s)	
Yes	No	

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? If No, please attach a description of the functions that cannot be performed. In accordance with the Americans with Disabilities Act or ADA, the Sheridan Area Park District shall seek reasonable accommodation measures for the applicant/employees as to perform essential functions.

Yes

No

Shift Availability (If Applicable)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Lifeguard and/or First Aid Certification(s)

Certification	Date

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Applicant's Certification and Agreement (Initial each section and sign below)

I CERTIFY that the statements made by me in this application are true, complete, and accurate to the best of my knowledge and made in good faith.

Initials

I AUTHORIZE the Sheridan Area Park District and any committees authorized by SAPD the right to contact and obtain information from all references, employers, education institutions, and law enforcement agencies, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the SAPD and its appointed committees and its representative for seeking, gathering, and using such information and all other persons, corporations organizations for furnishing and disclosing such information.

Initials

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. If I am hired to work, I will be required to be fingerprinted and screened for previous convictions.

Initials

Signature

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Name (Please Print)

Signature

Date

Parent or Guardian's Signature (If under 18 years of age)

Name (Please Print)

Signature

Date