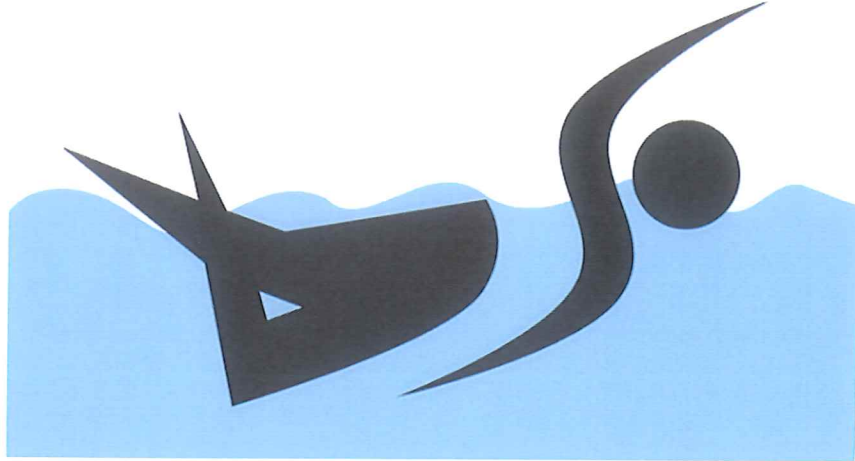


# WHITEHALL COMMUNITY POOL

Whitehall, Montana an Equal Opportunity Employer



## Application for Employment

Pool Manager, Pool Assistant Manager, or Pool Lifeguard

Please bring in or mail your completed application

With resume to:

Whitehall Town Hall

PO Box 529 (2 North Whitehall Street)

Whitehall, MT 59759

406-287-3972

WHITEHALL COMMUNITY POOL

Applicant Contact Information:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Mailing (PO Box?) City State Zip

Home Telephone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

**PERSONAL INFORMATION:**

\*\*\*\*\* Please attach resume. \*\*\*\*\*

1. Position(s) applying for:  Pool Manager  Assistant Pool Manager  Lifeguard

2. If hired, when would you be available to start.? \_\_\_\_\_

3. If hired, when would you have to stop employment? \_\_\_\_\_

4. Have you worked as a certified Lifeguard previously?  Yes  No

If yes, list dates and location: \_\_\_\_\_

Have you worked as a Pool Manager previously?  Yes  No

If yes, list dates and location: \_\_\_\_\_

5. List any previous Lifeguard Certifications and/or First Aid Certifications and/or CPR and/or WSI (Water Safety Instruction) and dates:

Certification/Date : \_\_\_\_\_

Certification/Date : \_\_\_\_\_

Certification/Date : \_\_\_\_\_

6. What days/ hours are you available to work? \_\_\_\_\_

Are you applying for full- or part-time employment (lifeguard only)?

Full time       Part time

7. Do you have supervisory or managerial work experience?  Yes       No

If yes, describe: \_\_\_\_\_

8. Attached to this application are the job descriptions for the lifeguard and pool manager/assistant manager positions. Please review your area of interest. As a note, if you have no prior experience in lifeguarding, you should begin at that level. Whitehall Community Pool and Town of Whitehall will do our best to inform you of lifeguard classes that will be available from local YMCA facilities. You will be reimbursed \_\_\_\_\_ of the cost of your classes. Remember that you will be able to take this training with you (as long as you continue renewing it) for the rest of your life. Several of our lifeguards have gone on to work at YMCA facilities in their college towns and also at the university pools. If you locate lifeguard classes before we do, please share that information and we will provide the names of other applicants so that you may ride-share.

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? (Swimming, lifting 50 lbs., pulling objects, etc.)

Yes       No

If No, please attach a description of the functions that cannot be performed. In accordance with the Americans with Disabilities Act or ADA, the Whitehall Town Pool shall seek reasonable accommodation measures for the applicant/employees as to perform essential functions.

9. Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes       No

If Yes, please attach an explanation providing the nature of the crime(s), when and where convicted and the dispositions of the case. Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date and surrounding circumstances of the conviction, and relevance to the position(s) applying for may be considered.

## EDUCATION BACKGROUND

What is the highest level of education achieved (if no high school diploma, list highest grade completed). \_\_\_\_\_

List colleges, Universities or any school(s) attended	Address, City, State	Years Completed	Did you Graduate?	Area of Study (major, minor)

## WORK HISTORY

<p>Most Recent Employer: _____</p> <p>Address: _____</p> <p>Date Started _____ Starting Salary _____ per _____</p> <p>Starting Position _____</p> <p>End Date _____ Ending Salary _____ per _____</p> <p>Last Position _____</p> <p>Name &amp; Title of Supervisor _____</p> <p>Contact #: _____</p> <p>Description of Duties: _____</p> <p>Reason for leaving position: _____</p> <p>_____</p>
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Most Recent Employer:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Salary \_\_\_\_\_ per \_\_\_\_\_

Starting Position \_\_\_\_\_

End Date \_\_\_\_\_ Ending Salary \_\_\_\_\_ per \_\_\_\_\_

Last Position \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Contact #: \_\_\_\_\_

Description of Duties:

\_\_\_\_\_  
Reason for leaving position:

Most Recent Employer:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Salary \_\_\_\_\_ per \_\_\_\_\_

Starting Position \_\_\_\_\_

End Date \_\_\_\_\_ Ending Salary \_\_\_\_\_ per \_\_\_\_\_

Last Position \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Contact #: \_\_\_\_\_

Description of Duties:

\_\_\_\_\_  
Reason for leaving position:

## PROFESSIONAL REFERENCES

Please provide information for a minimum of three people who have knowledge of your work performance within the past three years. You may use teachers, clergy, or former employers. Please know that we will contact them. As a note, it is customary that you notify the people and ask their permission before supplying their information.

Name \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Business Address \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_

Name \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Business Address \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_

Name \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Business Address \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_

Name \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Business Address \_\_\_\_\_  
Number of years acquainted: \_\_\_\_\_

It is the policy of the Whitehall Pool Commission, a board of Town of Whitehall, Montana, to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, creed, sex, marital status, pregnancy, age, national origin, ancestry, sexual orientation, disability, medical condition, or any other consideration deemed unlawful.

**Applicant's Certification and Agreement**

Initial each portion 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.

\_\_\_\_\_ I AUTHORIZE the Whitehall Pool Commission and any committees authorized by the Town of Whitehall 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 Town of Whitehall and Whitehall Pool Commission and its representative for seeking, gathering, and using such information and all other persons, corporations organizations for furnishing and disclosing such information.

\_\_\_\_\_ 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.

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years of age)