

# **HIAWATHA WATERPARK / POOL**

## **Summer Job Application**

**Dear Applicant:**

**If you are interested in working at the pool this summer, please fill out the attached application and send to :**

**Mrs. Joy Clinger  
14159 Windsors Hts. Drive  
Mt. Vernon, Ohio 43050**

**Applications must be postmarked by March 31, 2021, to be considered. Hiring will be completed during the first week of April.**

**Thank you,**

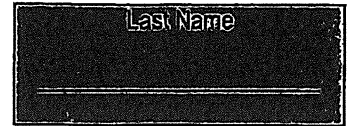
**Joy and Jerry Clinger - Managers  
Megan York - Aquatics**

**ATTN : All prospective employees will be drug tested prior to employment . . . at the City's expense.**





City of Mount Vernon  
40 Public Square, Mount Vernon, OH 43050  
www.mountvernonohio.org



### APPLICATION FOR SEASONAL EMPLOYMENT AT *HIAWATHA WATER PARK*

|  |                         |
|--|-------------------------|
| <b>NAME:</b> Last _____ First _____ Middle _____   | Social Security # _____ |
| <b>ADDRESS:</b> _____<br>_____   |                         |
| <b>CONTACT:</b> Home: _____ Cell: _____<br>Email: _____  |                         |
| <b>POSITION</b> or area in which you want to work: _____<br><i>(i.e. Lifeguard, maintenance, concession, front desk)</i> |                         |

|   |   |  |
|---|---|--|
| <b>CERTIFICATIONS</b> <i>(do you have any of the following?)</i>                    |   |  |
| <b>Lifeguard/First Aid</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>C-P-R</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Water Park Cert.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current _____<br>Until _____  | Current _____<br>Until _____  | Current _____<br>Until _____   |
| Other: _____  |   |  |

What date can you start? \_\_\_\_\_ What is last date you can work? \_\_\_\_\_

List any dates you will need to be off work during the summer: \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for the city before? \_\_\_\_\_ When? \_\_\_\_\_

What position? \_\_\_\_\_ Who was your supervisor? \_\_\_\_\_

Have you been convicted of a felony? .....  Yes  No If yes, give details \_\_\_\_\_

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

**SCHOOL** Are you currently in School  Yes  No

School you attend? \_\_\_\_\_ Current grade: \_\_\_\_\_

If you are **NOT** currently a student, list your employment history: (Add extra sheet if needed)

| Employee Name and Address | Start Date | End Date | Reason for leaving |
|---------------------------|------------|----------|--------------------|
|                           |            |          |                    |
|                           |            |          |                    |
|                           |            |          |                    |

**REFERENCES** List below the names of three persons not related to you who can attest to your work ability.

| NAME AND BUSINESS | ADDRESS | DAYTIME PHONE | YEARS KNOWN |
|-------------------|---------|---------------|-------------|
|                   |         | ( )           |             |
|                   |         | ( )           |             |
|                   |         | ( )           |             |

**EMERGENCY CONTACT:** Who can we contact in the event of an emergency?

|                    |                    |
|--------------------|--------------------|
| Name _____         | Name _____         |
| Phone(s) _____     | Phone(s) _____     |
| Relationship _____ | Relationship _____ |

**APPLICANT'S STATEMENT** *Please read carefully before signing.*

I certify that the facts contained in this application are true and complete to the best of my knowledge. Should The City of Mount Vernon employ me, any false or misleading information on my application or related papers or during any oral interviews will result in my employment being immediately terminated.

I authorize investigation of all statements contained in this application and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to arrive at an employment decision. I hereby release The City and any former employer and any third party from any liability whatsoever that may be imposed as a result of the release of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

If separated from employment from The City of Mount Vernon for any reason, I authorize The City to furnish any information related to my employment to any employment reference and release from liability The City and/or any person giving or receiving any such information.

I understand that I am required to abide by all rules and regulations of The City of Mount Vernon. I have read, understand and agree to the above.

Signature of Applicant

Date