

**CITY OF CLARION**  
**AQUATIC CENTER APPLICATION**  
**PO BOX 266 121 1<sup>ST</sup> ST SW, CLARION IA 50525**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: (PO BOX) \_\_\_\_\_  
Town: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**POSITION DESIRED**

Manager \_\_\_\_\_ Head Lifeguard \_\_\_\_\_ Lifeguard \_\_\_\_\_ Concession Staff \_\_\_\_\_  
Available start date: \_\_\_\_\_  
Training and Certification required for lifeguard (proof of certification required)  
Lifeguard Certified \_\_\_\_\_ CPR \_\_\_\_\_ AED \_\_\_\_\_ WSI \_\_\_\_\_ Other \_\_\_\_\_

**EXPERIENCE**

Employer/Company Name: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Cashier Experience \_\_\_\_\_ Prior concession stand experience \_\_\_\_\_  
Taught Swimming Lessons \_\_\_\_\_  
Duties & responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Summer Conflicts:  
Sports: \_\_\_\_\_ Camps: \_\_\_\_\_  
Vacations: \_\_\_\_\_ Other: \_\_\_\_\_

Provide schedule and/or dates to manager upon employment