



ALMA AQUATIC PARK
 804 Fayetteville Ave., Suite B
 Alma, Arkansas 72921
 An Equal Opportunity Employer

Application For Employment

Please write in print and complete all necessary information. You may be asked to provide additional information. Be sure to sign and date the application before returning to Alma City Hall.

Personal Information

Date _____

Position Desired: (Check all that apply) ___ Lifeguard ___ Slide Attendant ___ Head Guard

___ Admission/Tickets ___ Concession ___ Front Desk ___ Maintenance ___ Manager

Name _____ Social Security # _____

Current Address _____ City/State/Zip _____

Phone # _____ Email _____

Are you at least 16 years old? _____ Have you ever been employed by Alma Aquatic Park? _____

Are there days you will not be available to work? _____ If yes, please explain _____

Education and Training

Name Of School _____ Years Attended _____ Year Graduated _____

Are you a certified lifeguard? _____ If yes, what is the expiration date? _____

Are you CPR certified? _____ If yes, what is the expiration date? _____

References (Please provide 2 non-family member references)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

"I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY OF ALMA POLICIES AND REGULATIONS. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY CHANGE WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY OF ALMA.

SIGNATURE _____ DATE _____