



ALMA AQUATIC PARK

804 Fayetteville Ave., Suite B

Alma, Arkansas 72921

An Equal Opportunity Employer

Application For Employment

Complete all Necessary information. You may be asked to provide additional information on another form. Be sure to sign and date the application before returning. Please print

Personal Information

Date _____

Name _____

Social Security # _____

Current Address _____

City/State/Zip _____

Phone # _____

Position Applied for _____

Desired Wage _____

Date Available for work _____

Referred by: _____

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

Are you 16 years of age or older? _____

Education & Training

Name Of School

Years Attended

Year Graduated

CPR Training YES NO

Expiration Date _____

LifeGuard Training YES NO

Expiration Date _____

References

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.

DATE _____

SIGNATURE _____

"Be nice and Kind"