



Application for Employment

207 NW Pleasant, P.O. Box 940, Myrtle Creek, OR 97457

Phone 541-863-3171, Fax 541-863-6851

www.cityofmyrtlecreek.com



South Umpqua Memorial Pool

The City of Myrtle Creek is an Equal Opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, mental or physical disability, or any other legally protected status.

Position Applied For _____ Date of Application _____

Name _____
Last First Middle

Mailing Address _____
Street City State Zip Code

Phone number(s) _____

Email Address _____

Are you 15 years of age or older? Y / N

Ever applied to the Pool before? Y / N If yes, when? _____

Are you currently employed? Y / N If yes, who is your employer? _____

May we contact your present employer? Y / N

Do you have the legal right to work in the U.S.? Y / N

(Proof of identity and eligibility will be required upon employment)

What date can you start? _____

Certifications: Please select all of the following certifications that you currently have and attach certificates to this application

Lifeguard/First Aid/CPR/AED WSI Bloodborne Pathogens

Water Fitness Instructor Lifeguard Instructor Lifeguard Manager

Other _____

If you do not have a valid certification, are you enrolled in a course? Y / N

If yes, when do you expect to complete the course? _____

Education: List last three schools attended starting with most recent

School	Years Attended	Degree or Diploma Earned (If applicable)	Subjects Studied

US Military or Naval service _____ Rank _____

Present Membership in National Guard or Reserves _____

List held offices, special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, age, ancestry or other protected status.)

List your last two employers below starting with the most recent:

Date, Month, and Year	Name & Address of Employer	Position	Reason for Leaving
From: To:			
From: To:			

References: Give the names of two persons not related to you, whom you have known at least one year

Name	Phone	Business	Years Acquainted

Emergency Contact:

Name	Phone Number	Relation to Applicant
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Applicant's Statement

(Please read fully and thoroughly before signing)

I certify that all the information provided in this application is true and correct and that I have not withheld any information relative to my application. I understand that any misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents may result in denial of employment or immediate termination. I authorize my current and previous employers to provide any and all information regarding my employment, and I release City of Myrtle Creek officers, agents and employees from any and all liability and from any damage that may result from the release of such information. I agree to execute any additional release forms requested by the City or my former employers. If hired, I agree to conform to all the rules and policies of Myrtle Creek. I understand and acknowledge that employment relationships with Myrtle Creek are of an `at-will' nature, except for positions within any executed collective bargaining agreement or unless otherwise designated by applicable law. This means that any employee may resign at any time and the City may discharge the employee at any time with or without cause. It is further understood that this `at-will' employment relationship may not be changed by any written document or by conduct of any officer, employee, agent, or office of Myrtle Creek unless such change is specifically authorized by the Myrtle Creek City Council.

Print Full Legal Name _____

Signature _____ **Date** _____

List any additional information you wish us to consider in this space

~~Do Not Write Below This Line~~

Contacted? Y / N

Interviewed? Y / N

Approval Signature _____ **Date** _____