



Position for which you are applying :  FULL TIME  PART TIME  AS NEEDED  Date :

**APPLICANTS INFORMATION**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

Name Last  First  Middle

Maiden/Alias Names :  SSN :

Full Address :

EMAIL :  If under 18, please list age :

CELL :  PHONE :

**AVAIABILITY**

Number of hours per week :

Can you work nights :  YES  NO

Date you can begin work :

Last date available to work :

**DAYS/HOURS AVAILABLE TO WORK :**

NO PREF :  THURS :

MON :  FRI :

TUES :  SAT :

WED :  SUN :

**EDUCATION**

High School :  Current Grade Level :   
Did you graduate?  YES  NO

College :  Major & Degree :   
Did you graduate?  YES  NO

**EMERGENCY CONTACT**

Name :   
Relation :  PHONE :

**CURRENT EMPLOYMENT STATUS**

Present Position :  Salary :   
Employer's Name :  Employer's Phone :   
Full Address :  May we contact :  YES  NO

## CURRENT EMPLOYMENT STATUS- CONTINUED

**Job Description :**

**Employment Dates :** From:  To:

**Reason for Leaving :**

## EMPLOYMENT HISTORY

We respect your time applying for a position with the City of Alexandria. If you have all the requested employment experience information listed on a resume you include with this application, please check this box and skip on to the next section.

Please list chronologically the last five years of employment. Use additional blank paper if needed.

**Present Position :**

**Salary :**

**Employer's Name :**

**Employer's Phone :**

**Full Address :**

**May we contact :**

YES

NO

**Job Description :**

**Employment Dates :** From:  To:

**Reason for Leaving :**

**Former Position :**

**Salary :**

**Employer's Name :**

**Employer's Phone :**

**Full Address :**

**May we contact :**

YES

NO

**Job Description :**

**Employment Dates :** From:  To:

**Reason for Leaving :**

## EMPLOYMENT HISTORY - CONTINUED

Former Position :  Salary :

Employer's Name :  Employer's Phone :

Full Address :  May we contact :  YES  NO

Job Description :

Employment Dates : From:  To:

Reason for Leaving :

## CHARACTER REFERENCES

Please list two (2) references other than family members, peers, or pervious employers.

Name	Address	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## ADDITIONAL COMMENTS

List any additional items, activities or qualifications you would like to have considered for employment

## CRIMINAL HISTORY

Have you ever been convicted of a felony?  YES  NO

If yes, explain.

# LIFEGUARD HISTORY AND QUALIFICATIONS

If you are applying for a lifeguard position please fill out the information below.

Are you a returning staff member? :  YES  NO

If yes, how many seasons have you worked at Beulah Park Pool? :

Position you are applying for :

Indicate all of the following for which you hold a CURRENT CERTIFICATION. Include date of expiration.

Red Cross (or equivalent) CPR :	<input type="checkbox"/>	Expiration Date	<input type="text"/>
Red Cross (or equivalent) AED :	<input type="checkbox"/>	Expiration Date	<input type="text"/>
Red Cross (or equivalent) CPR :	<input type="checkbox"/>	Expiration Date	<input type="text"/>
Red Cross (or equivalent) Lifeguard Water Rescue:	<input type="checkbox"/>	Expiration Date	<input type="text"/>
Red Cross (or equivalent) First Aid :	<input type="checkbox"/>	Expiration Date	<input type="text"/>
Red Cross (or equivalent) Water Safety Instructor:	<input type="checkbox"/>	Expiration Date	<input type="text"/>
Red Cross (or equivalent) Swim Instructor:	<input type="checkbox"/>	Expiration Date	<input type="text"/>

Rate of pay expected:

Do you have reliable transportation to work? :  YES  NO

Are you available through the entire season? :  YES  NO

List any dates that you will not be available.

**Applications should be emailed to:  
rmartin@cityofalexandria.in.gov**

**- An Equal Opportunity/Affirmative Action Employer -**  
Complying with all provisions of the Americans with Disabilities Act

**THANK YOU FOR YOUR INFORMATION**

# City of ALEXANDRIA APPLICATION FOR EMPLOYMENT

125 N. Wayne Street, Alexandria, IN 46001 / Business: (765) 724-4633 Fax: (765)724-5011



## CITY OF ALEXANDRIA APPLICATION FORM WAIVER

In exchange for the consideration of my job application with the City of Alexandria (hereinafter called "the City"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the City, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Mayor and/or the Board of Works. Both the undersigned and the applicant may end the employment relationship at any time, within the guidelines of the employee personnel policy. If employed, I understand that the City may unilaterally change or revise its benefits, policies, and procedures, and such changes may include a reduction in benefits.

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact all references and hereby release the City from any liability as a result of such contract.

I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the City will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the City shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

Please print your name :

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

This City is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the City depends solely on your qualifications.