

**City of Goodhue
Lifeguard Application**

Applicants for employment with the City of Goodhue are required to fill out this application in their own handwriting. All information should be as complete as possible and will be treated confidentially.

The City of Goodhue is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, age, sex, marital status, status with regard to public assistance, national origin, disability, or handicap, sexual orientation or veteran status. The city of Goodhue is committed to abiding by Minn. Stat. 43A and Veterans' Preference Act Minn. Stat. 197.46.

Name _____ Date _____

Address _____

E-mail address _____

Home phone _____ Cell phone _____

If under 18, please list age _____

What hours can you work? Circle DAYS, NIGHTS, ANY

Have you been convicted of a felony? _____

List record of education & experience for lifeguard and WSI safety instructor

Do you hold a current First Aid/CPR certificate? _____

READ CAREFULLY AND SIGN

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment as may be necessary in arriving at an employment decision.

I acknowledge that none of the statements made in this application are intended to be, nor should be construed as, a contract between the City and myself.

I hereby authorize persons, schools, my current employer, previous employers and organizations named in this application to provide any and all information regarding my employment, also any other information, whether personal or otherwise, that may or may not be on record. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this information.

Signature of Applicant: _____

Date: _____