

Lennox Pool
Application for Employment

City of Lennox
107 South Main Street
P.O. Box 228
Lennox, South Dakota 57039-0228

An Equal Opportunity Employer

Date of Application: _____

Personal Information

Name: _____
Last First Middle

Address: _____
Street/Box City State Zip

Telephone: _____

Position Desired: _____ Date You Can Start: _____

Are you under age 18? Yes No

Are you legally eligible to be employed in the United States? Yes No

May we contact your current or most recent employer regarding your qualifications?
 Yes No

Have you worked for the Lennox Pool before? Yes No

How many years have worked for the Lennox Pool in a full time position? _____

How many years have your worked for the Lennox Pool as a substitute? _____

Certifications

Indicate current certifications and expiration dates. Include plans to certify, if known.

Water Safety Instructor yes no Expiration Date _____

Lifeguard Training Instructor yes no Expiration Date _____

Lifeguard Training yes no Expiration Date _____

Standard First Aid yes no Expiration Date _____

CPR yes no Expiration Date _____

Other _____

Education

	Name of School and Location	Course Of Study	No of Years Attended	Did You Graduate?
College				
High School				
Other				

Employment (List most recent employer first)

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____
Job Title _____
Employer _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Reasons for Leaving _____
Complete description of duties _____

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Complete description of duties _____

Pre-Employment Agreement

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my applications, I may be refused employment or, if employed, I may be terminated.
2. The City has authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the city to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination including a drug and alcohol screening test may be a prerequisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The City is an equal opportunity employer. The City does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.
8. I understand that an appointment shall not be deemed complete until a probation period of 6 months has elapsed as a new employee or a six month probation period for a promotion transfer.
9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
10. This application is current and active for only the position applied for and it will be necessary for me to fill out a new application for other positions that may be available.

Signature of Applicant

Date