



2135 S. Ammon Road Ammon, Idaho 83406 Phone: (208) 612-4000 Fax: (208) 612-4009
e-mail: web@cityofammon.us web: www.cityofammon.us

Swimming Pool Employment Application

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or in the presence of a non-related medical condition or handicap.

First Middle Last Date

Address Phone #

City State Zip Social Security #

Email Address

Are you a citizen of the United States of America? Yes No

Have you applied here before? Yes No Position applied for?

EMPLOYMENT DESIRED

Position Date you can Start Salary Desired

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Most Recent Employer

Address City State Zip

Phone # Supervisors' Name

Job Title Reason for Leaving

Dates of Employment: From To Salary or Hourly Rate

Employer 2

Address City State Zip

Phone # Supervisors' Name

Job Title Reason for Leaving

Dates of Employment: From To Salary or Hourly Rate

EDUCATION

Table with 4 columns: Schools/Colleges Attended, # Years, Year Graduated, Degree

**Aquatic Certification**

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

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

**Lifeguard Experience** \_\_\_\_\_

**Swim Teaching Experience** \_\_\_\_\_

**Community Activities** \_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Describe any special qualifications for this job:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ CDL License  Yes  No

Are you a veteran of the U.S. Military service?  Yes  No

**EMPLOYMENT APPLICATION RELEASE**

**I CERTIFY that answers given herein are true and complete to the best of my knowledge. I understand that this application is not intended to be a contract of employment. It is understood and agreed upon that any misrepresentation made by me during the application and interview process will be sufficient cause for cancellation of my application and/or separation from the City of Ammon's service, if I have been employed.**

**As a part of my application for employment, I consent to take a drug test. I understand that if I test positive for illegal drugs I will not be offered employment. If I am taking any prescription medication at the time of my drug test and my test comes back positive for illegal drugs, I will be afforded an opportunity to discuss that issue for the purpose of providing a reasonable explanation of my positive drug test.**

**The City of Ammon participates in E-Verify, and will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with the information from each new employee's Form I-9 to confirm work authorization. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**

**I grant the City of Ammon the right to investigate all references and to secure additional information about me such as, credit report and/or police background investigation, if job related. I hereby release from liability the City of Ammon and its representatives for seeking and obtaining such information and furthermore, I release from liability all other persons, corporations, or organizations for providing such information.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_