

WELLS BRANCH MUNICIPAL UTILITY DISTRICT AQUATIC STAFF APPLICATION SUPPLEMENT

Name: _____ Social Security Number: _____

Address: _____ City: _____ Zip: _____

Phone: (Day) _____ (Night) _____ (Cell) _____ (Email) _____

Emergency Contact: (Name) _____ (Relationship) _____

Emergency Contact Phone: (Day) _____ (Night) _____ (Cell) _____

Position Applied: Lifeguard _____ Assistant Pool Manager _____ Swim Instructor _____

Position Type: Full-time _____ Part-time _____ Minimum Salary Expected _____

AVAILABILITY

1. I will be available on April 29, from 6:00 p.m.-9:00 p.m. (mandatory first in-service training)
2. Beginning May 26, every Friday morning from 8:00 a.m.-10:00 a.m. (mandatory in-service training)
3. Before May 24, weekends from 10:00 a.m.- 9:30 p.m. (check the boxes if you are available to work)

5/6 (Sat)	5/7 (Sun)	5/13 (Sat)	5/14 (Sun)	5/20 (Sat)	5/21 (Sun)

4. Before May 24, weekdays from 4:30 p.m.- 9:30 p.m. (check the boxes if you are available to work and indicate if you can start working at 2:30 p.m.):

5/1 (M)	5/2 (T)	5/3 (W)	5/4 (Th)	5/5 (F)	5/8 (M)	5/9 (T)	5/10 (W)	5/11 (Th)
5/12 (F)	5/15 (M)	5/16 (T)	5/17 (W)	5/18 (Th)	5/19 (F)	5/22 (M)	5/23 (T)	5/24 (W)

5. After May 25, any time between 5 a.m. to 10 p.m. (e.g. 10 a.m.-9:30 p.m.)

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

6. I will take a vacation on the following days: _____

7. My last day to work will probably be: _____

ACKNOWLEDGEMENT

I acknowledge that my certifications (Lifeguarding, First Aid, and/or CPRFPR) are **CURRENT** and I have enclosed my originals and a copy of all certifications. I understand that my originals will be returned to me upon verification and no application is accepted without proof of **CURRENT** certification. I understand that the information provided above is accurate. Any changes in my availability will be subjected for approval by the Aquatics Manager or I will resign from my employment with Wells Branch MUD.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Certifications checked by: _____ Date: _____