City of Elkader 207 North Main Street - P.O. Box 427

207 North Main Street - P.O. Box 427 Elkader, IA 52043 Phone 563-245-2098 Fax 563-245-1033 email: elkaderadmin@alpinecom.net



EMPLOYMENT APPLICATION - ELKADER MUNICIPAL POOL (2022)

NAME:			PHONE:	
MAILING AD	DRESS		CITY/ZIP	
EMAIL ADDR	RESS:			
DATE OF BIR	TH:	AGE:	T-shirt size:	
			(The City provides one T-shirt and employees can purchase additional ones.)	
I am applyin	g for: (please check))		
Assistant Ma	anager/Head LG (must	t be 18 years old or with	approval of the Pool Bd)	
Lifeguard (mu	ust be 15 years old)			
Front desk (n	nust be 14 years old)			
Teach swimr	ning lessons (must be 1	16 years old)	-	
QUALIFICAT	IONS:			
Certified life	guard yes r	10	will you need re-certification?	
Water safety	/ instructor yes	_	no	
CPR/First Aid	d (Must be Red Cross and f	or the rescuer) yes	no will you need re-certification?	
Years of exp	erience			
	• • • •			
Other work	experience (please in	clude dates of emplo	yment):	
Date available to begin work:			Last day available to work:	
How many h	ours are vou willing	to work? (please)	circle) (Hours will be based on seniority, availability &	
			work shifts on weekdays, weekends and holidays.)	
	over 20 hrs/wk	• •		
	under 20 hrs/wk			
	as needed/substitute	e		
	your summer comm	nitments:		
Softball	Baseball			
Driver's ed	Music trip			
Vacation	Another part-time	•		
Swim team	Other:			

Please list three, non-family references who are 18 years of age or older that we may contact.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Are you a military veteran as d	efined in Iowa Code Section 35.1? Yes/No If y	yes, dates of active duty:
Signature:		

APPLICATIONS DUE 4 P.M. February 25th - mail to or drop off at Elkader City Hall (PO Box 427) or the high school office.

The City of Elkader is an equal opportunity employer and provider.