

City of Elkader

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 (2025)

NAME: _____ PHONE: _____

MAILING ADDRESS _____ CITY/ZIP _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ T-shirt size: _____

(The City provides one T-shirt and employees can purchase additional ones.)

I am applying for: (please check)

Assistant Manager/Head LG (must be 18 years old or with approval of the Pool Bd) _____

Lifeguard (must be 15 years old) _____

Front desk (must be 14 years old) _____

Teach swimming lessons (must be 15 years old) _____

QUALIFICATIONS:

Certified lifeguard no ___ yes ___ will you need re-certification? _____ Years of experience _____

Water safety instructor no ___ yes ___

CPR/First Aid no ___ yes ___ will you need re-certification? _____

Other work experience (please include dates of employment): _____

Date available to begin work: _____ Last day available to work: _____

How many hours are you willing to work? (please circle) (Hours will be based on seniority, availability & weather. **You will be scheduled, and expected, to work shifts on weekdays, weekends and holidays.**)

_____ over 20 hrs/wk

_____ under 20 hrs/wk

_____ as needed/substitute

Please circle your summer commitments:

Softball Baseball

Driver's ed Music trip

Vacation Another part-time job

Swim team Other: _____

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

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

Signature: _____

APPLICATIONS DUE 4 P.M. March 14th
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.