



City of Russell Springs
P. O. Box 247
Russell Springs, Ky. 42642

Application for lifeguard: _____ Date: _____

Full - time: _____ Part - time: _____

Application for Pool Manager: _____

Name: _____

Address: _____

Date of Birth: _____ Male: _____ Female: _____

Phone Number: _____ Social Security Number: _____

Are you certified as a lifeguard? _____

Do you have first-aid and CPR certification? _____

Date you can start: _____

Have you been employed by the city before? _____

If so, when and in what position? _____

Have you ever applied for this position before? _____

Former Employers _____

Date:

Month/Year

Name and Address of Employers

1. From: _____ To: _____	
2. From: _____ To: _____	
3. From: _____ To: _____	

References: Give below the names of 3 persons not related to you.

Name: _____	Address: _____	Years Acquainted _____
1.		
2.		
3.		

In case of emergency, notify: _____

I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____